BALTIMORE, MARYLAND 21215-0020	ex hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

	REGISTRAR	STATE OF N	С	ERIIF	ICATE O	F DEATH	REG. NO	<u> </u>	
	1. DECEDENT'S NAME (First, Middle, Last							AY	3. TIME OF DEATH
	VINCENT M. B	LIIEK Is. sex	6. AGE (In yrs. le.		D		10- 22-9	92	2:25 A
	21201-8544	1 M 2 🗆 F		YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give		82	******	as city you	N DR LOCATION OF			NASH D.C.
Œ									
25	MERIDIAN NURIN	d noine			3103 1	IBERTY R	D	BAL	roco
DIRECTOR	MD.	ITΥ			Y, TOWN OR LO				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3411 MILFORD A	VE.				101. ZIP CODE 21207		10g. CITIZ	EN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO	Kares.	ECENDENT OF HISP specific Cuben, Mexi ES 2 NO Spec	ANIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	s or No—	14. RACE — American Indian, Black, White etc. Specify: BLACK
ETED	15. DECEOENT'S EC (Specify only highest gra Elementary/Secondary (0-12)		(0		USUAL OCCUPA work done during		16b. KIND OF BU	SINESS/IND	USTRY
COMPL	17. FATHER'S NAME (First, Middle, Last)								
						18. MOTHER'S N	AME (First, Middle, Malden	Sumame)	
BE	ISAIH BETTER 19a. INFORMANT'S NAME (Type/Print)		100	OL HAILING	ADDRESS (Standard	AN AN	NIE	- Other Time	0-4-1
5	FLIZARETH RETTE		ı i	341	I MIL'FO	RD RD. N	ALTO MD "	21207	Cooley
	4 Donation 5 Other (Specify)				ther place)		TO OC OUT	NOC N	TILO NO
	21. SIGNATURE OF FUNERAL SERVICE	Succun		ISON	FOREST 22. NAME WILLI	AM C. BR	OWN F7H 120	06w.no	orth ave.
	23. PART I. Enter the diseases, or abock, or heert fellure immediate CAUSE (Final disease or condition resulting in death)	r complications that e. List only one cau	nt caused the desire on each line	ISON leath. Do ree.	WILL I	AM C. BR	OWN F7H 120	06w.no	orth ave.
NOIL	23. PART I. Enter the diseases, or shock, or heart fellum IMMEDIATE CAUSE (Final disease or condition	r complications that e. List only one cau	nt caused the desire on each line Personal (DR AS A CONSE	ISON leath. Do ree.	FOREST 22. NAME WILLI not enter the r	AM C. BRI	OWN F7H 120	06w.no	orth ave.
ш	23. PART I. Enter the diseases, or shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a	nt caused the desire on each line Personal (DR AS A CONSE	ISON Leath. Do recovered to the control of the con	FOREST 22. NAME WILLI	AM C. BRI	OWN F2H 120	06w.no	orth ave.
MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heert fellure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	OR AS A CONSE	EQUENCE OF	FOREST 22, NAME WILL I	AM C. BRI	OWN F2H 120 ch as cardlec or reap	OGW . no	orth ave. Approximate interval Between Onset and Dea
SICIAN: MEDICAL CE	23. PART I. Enter the diseases, or shock, or heert fellure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a	OR AS A CONSE	ISON Jenth. Do rele. EQUENCE OF TRANSPORTER OF TR	P): In the underly 26.	AND ADDRESS OF I	OWN F2H 12C ch as cardlec or response of the cardle of the car	OGW . no	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	23. PART I. Enter the diseases, or shock, or heert fellum immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and conditions in the conditions in t	DUE TO a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient: 2 28e. DATE OF (Month, D.)	(OR AS A CONSE	ISON Jenth. Do sine. EQUENCE OF COURSE OF CO	P): 22. NAME WILLI P): P): In the underly OTHER: HOTHER: MURY M 1 [AND ADDRESS OF I	DWN F2H 12C ch as cardlec or reap Part I. 24a. WAS AN PERFOI 1 YES :	JAUTOPSY RMED?	24b. WERE AUTOPSY FINDING: MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, on shock, or heert fellum immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions in the conditions in the conditions in the cause cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MAD 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO List only one can a. DUE TO DUE TO	OR AS A CONSE	ISON Jenth. Do sine. EQUENCE OF COURSE OF CO	P): 22. NAME WILLI P): P): In the underly OTHER: HOTHER: MURY M 1 [AND ADDRESS OF I	DWN F2H 12C ch as cardlec or reap Part I. 24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

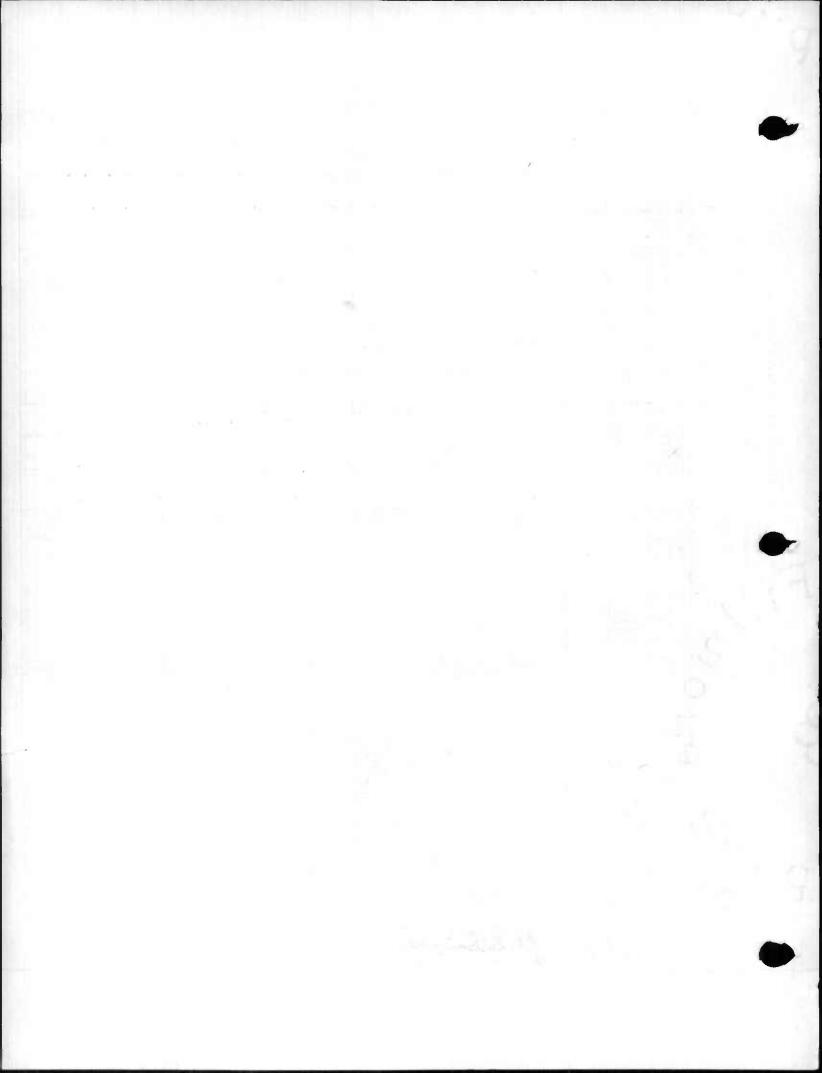
guna Davidon-Randalle

31. DATE FILED (Month, Dey, Your)

OCT 2 6 1992

DHMH-16 Rev 1/89

Defort (96

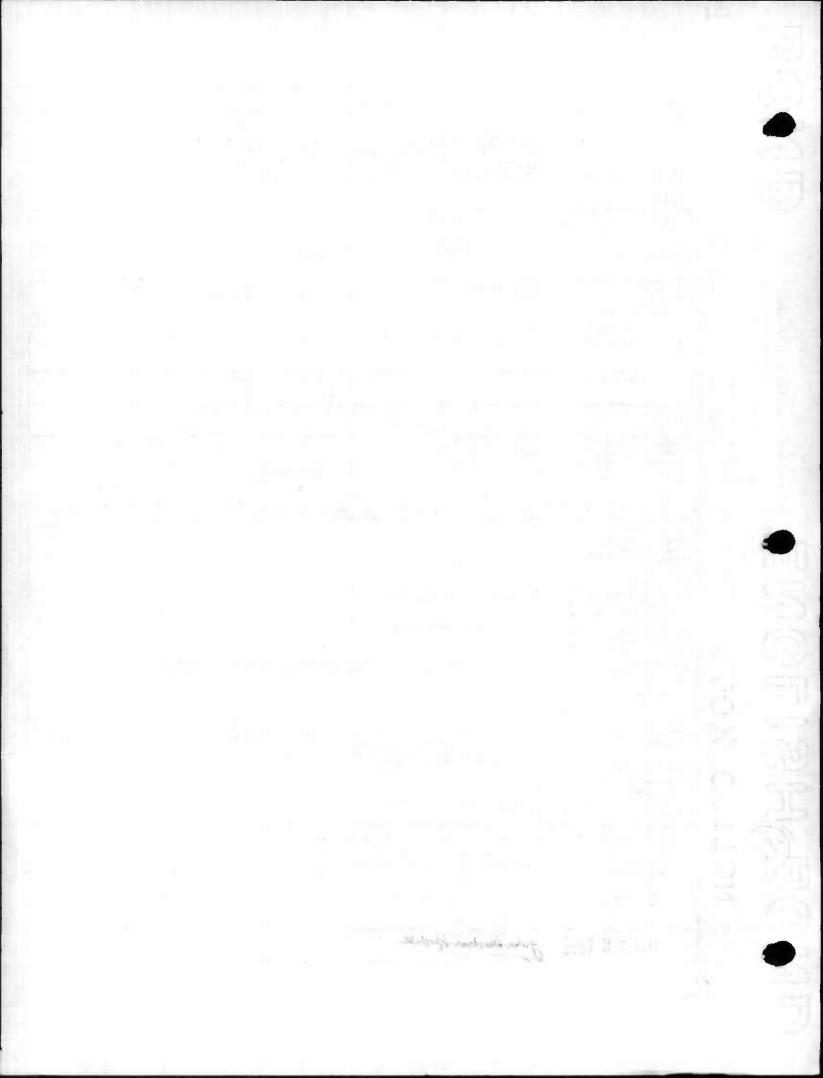


PASSICIAN: The law requires that the death certificate be executed within 15 years. Page 6 may be retained by the hospital or attending physician. The page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
TO THE HOUSE TO THE PRESIDENCE

				CERTIF	ICALE	OF I	DEATH	REG. NO).		
1. DECEDENT'S NAME (First,	Middle, Last)	Annie Ma	ary Br	ennan	/ Bre	esni	ck	2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATN
ANN	M. BRI	ENNAN -	BŘESN.	LCK	,			Oct. 22,	1992	2	12:12p
4. SOCIAL SECURITY NUMBI			6. AGE (In yrs.	lest birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF SIRTN (Month, Day, Year)		8. BIRTH Count	HPLACE (State or Foreign ry)
215 14 990	13 1	□ M 2 🔀 F	71	YRS.	EONINS	JA110	noons min.	4/4/1921			ryland
9a. FACILITY NAME (If not ins	titution, give street	and number)		-	9b. CITY, 1	TOWN OF	LOCATION OF DE		9c. COU	NTY OF D	EATN
958 Arms		1k			Balt	timo	re (City	===	====	
RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	ON .			_	10d. INSIDE CITY
MD				1.50	altimo						LIMITS?
10e. STREET AND NUMBER				1 20	A T O TIME		ZIP CODE		10g, CIT	IZEN OF	WHAT COUNTRY?
958 Am	mstead 1	Walk					21205		1000	U.S.	
11. MARITAL STATUS		2. WAS DECEDENT	EVER IN U.S.	ARMED	13. W	AS DECE		HC ORIGIN? (Specify Y	_		E — American Indian,
Never Married 2 🔲	The state of the s	FORCES? 1	YES 2		If	yes, spec		n, Puerto Rican, etc.)		Blac Spec	k, White, etc.
3 Widowed 4 Divor	bed	11 120, 0112 181	n on bales				1 1/1 HO Opecin			oper.	White
15. DECE	DENT'S EDUCATI	ION registeral)	16a.	DECEDENT'S (Give kind of				18b. KIND OF B	JSINESS/IN	DUSTRY	
Elementary/Secondary (0-		College (1-4 or 5+)		Me. Do NOT u	se retired.)	ning inosi	or working				
10th Grad	е			Cook							
7. FATNER'S NAME (First, Mi	ddle, Last)						18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)		
19a. INFORMANT'S NAME (Ty	pe/Print)			19b. MAILING	ADDRESS	(Street an	d Number or Rural i	Route Number, City or To	wn, State, Zi	p Code)	
Rosalie B	1024 211				Armst						nd 21205
0a. METHOD OF DISPOSITI	ON			CE AND OAT				OATE 20c. L	OCATION -	City or To	own, State
Donation 5 Committee		I from State	Cedi	ar Hil	I Cen	nete	ry	10/27 B	altim	ore,	Maryland
- Dan	NM	Znas	nesse	ushi	Ge	eorg		nce Funera Hwy. Bal			
	ert fellure Littl	only one caus	e on each i	ine.	not enter t	the mod	e of dying, auc	h aa cerdlec or rea	piretory a	rrest,	Approximete Interval Betw Onset and D
IMMEDIATE CAUSE (Fin disease or condition resulting in death)	al → .	Chic	mic	rono	11/2	7.11	ne				575
reconing in death)			OR AS A CON		F):						100
Sequentially list conditi	C h.	IYBI	6 cgen	200							1 0 1 15
		DUE TO (OR AS A CON	SEQUENCE O	NF):						, ,
If any, leading to immed											, ,
if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju-	NG										, ,
if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events	ng c	DUE TO (OR AS A CON	SEQUENCE O	NF):						
if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events	ng c	DUE TO (OR AS A CON	SEQUENCE (F):						
if any, leading to immedicause. Enter UNDERLY! CAUSE (Disease or injuithat initiated events resulting in desth) LAS'	ng c T d nt conditions o					derlying	cause given in	Part I. 24a. WAS A	IN AUTOPSY	24	
If any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or injuithat initiated events resulting in death) LAS	ng c T d nt conditions o					derlying	cause given in	PERF	DRMEDT	24	AMAILABLE PRIOR TO COMPLETION OF CAU
f any, leading to immediates. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS' PART II. Other alignifice	ng c T d nt conditions o	contributing to				derlying	cause given in	Part I. 24e. WAS / PERF	DRMEDT	24	MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injurithet initiated events resulting in desth) LAS'	ng c T d nt conditions o	contributing to				derlying	cause given in	PERF	DRMEDT	24	AMAILABLE PRIOR TO COMPLETION OF CAU
If any, leading to immedicause. Enter UNDERLYI CAUSE (Disease or injuited initiated events reaulting in desth) LAS	nt conditions of	contributing to						PERFO	DRMEDT	240	AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
if any, leading to immediate. Enter UNDERLYII CAUSE (Disease or injuithat initiated events resulting in death) LAS' PART II. Other significations. PART II. Other significations are severed to the seve	ont conditions of the second o	contributing to d	deeth but no	ot reaulting	in the unc	26. PL/	ACE OF DEATH (CH	PERFO	DRMEDT	24	AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
if any, leading to immedicause. Enter UNDERLYII CAUSE (Disease or injuithat initiated events resulting in death) LAS' PART II. Other significations of the control of the c	ont conditions of the second o	HOSPITAL:	deeth but no	ot reaulting	OTHER	26. PL/ : ing Nome	ACE OF DEATH (C)	PERFIT 1 YES seek only one) 5 Other (Specify)	2 NO		AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
if any, leading to immediate as Enter UNDERLY CAUSE (Disease or injurity in the initiated events resulting in desth) LAS PART II. Other alignifice EXAMINER? 1 YES 2 NO T. MANNER OF DEATH 1 Netural 5	o MEDICAL Pending	contributing to d	deeth but no	ot resulting	OTHER	26. PL/ ing Nome 28c. INJU WOF	ACE OF DEATH (CA	PERFO	2 NO		AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
If any, leading to immedicates. Enter UNDERLYII CAUSE (Disease or injusted initiated events resulting in desth) LAS' PART II. Other alignificates. Was case reference to examiner? 1	o MEDICAL Pending Investigation	HOSPITAL: Inpetient 2 28e. DATE OF I	ER/Outpatient INJURY 19, Year)	ot reaulting	OTHER 4 Nursi	26. PLJ: ing Nome 28c. INJL WOF 1 V	ACE OF DEATH (C)	PERFIT 1 YES The seck only one) S Other (Specify) 28d. DESCRIBE NOW	2 NO	CCURED	MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
if any, leading to immedicates. Enter UNDERLY CAUSE (Disease or injuithat initiated events resulting in desth) LAS* PART II. Other alignifice 25. WAS CASE REFERRED TO EXAMINER? 1 YES / 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8	o MEDICAL Pending	HOSPITAL: Inpetient 2 28e. DATE OF I	ER/Outpetlent	ot reaulting	OTHER 4 Nursi	26. PLJ: ing Nome 28c. INJL WOF 1 V	ACE OF DEATH (CA	PERFIT 1 YES seek only one) 5 Other (Specify)	2 NO	CCURED	MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
If any, leading to immediate to immediate the cause. Enter UNDERLYII CAUSE (Disease or injuithet initiated events resulting in desth) LAS' PART II. Other signification of the cause of th	o MEDICAL Pending Investigation Sould not be determined	HOSPITAL: Inpettent 2 28a. DATE OF I (Month, De	ER/Outpatient INJURY — Ai ric. (Specify)	2 3 DOA 28b. Till IN	OTHER 4 Nursi	26. PLJ: ing Nome 26c. INJU WOF 1 Y	ACE OF DEATN (CA. 5 Residence Residence Residence Residence Residence Residence Residence	PERFIT 1 YES Tother (Specify) 28d. DESCRIBE NOW 281. LOCATION (Street City or Town, Sta	2 NO I INJURY Of	CCURED or Pural	MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
If any, leading to immercause. Enter UNDERLYII CAUSE (Disease or injuthat initiated events resulting in desth) LAS' PART II. Other signification of the control of the con	ont conditions of the conditio	10SPITAL: Inpetient 2 28a. DATE OF I (Month, De	ER/Outpatient INJURY y, 'ber' F INJURY — At	28b. Till IN	OTHER 4 Nursi	26. PL/: ing Nome 26c. INJU Wor 1	ACE OF DEATN (CA. 5 Residence RY AT RY AT RY 2 NO and place, and due	PERFIT 1 YES Tother (Specify) 28d. DESCRIBE NOV 28l. LOCATION (Street City or Town, State at the cause(a) and many state	ORMED 2 NO 1 INJURY Of the and Number of and Number of and Number of an angle of the angle of	CCURED or or Rural atted.	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
If any, leading to immedicates. Enter UNDERLYII CAUSE, CDISease or injuthat initiated events resulting in desth) LAS' PART II. Other alignifice 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 2 Accident 3 Suicide 8 4 Nomicide 29a. CERTIFIER (Check only one) 2 MEOI	o MEDICAL Pending Investigation Could not be determined IFYING PNYSICIAL CAL EXAMINER:	10SPITAL: Inpetient 2 28a. DATE OF I (Month, De	ER/Outpatient INJURY y, 'ber' F INJURY — At	28b. Till IN	OTHER 4 Nursi	26. PL/: ing Nome 26c. INJU Wor 1	ACE OF DEATN (CA. 5 Residence RY AT RY AT RY 2 NO and place, and due	PERFIT 1 YES Tother (Specify) 28d. DESCRIBE NOV 28l. LOCATION (Street City or Town, State at the cause(a) and many state	PRMED 2 NO 4 INJURY Of the tend Number tenner as st	ccured or Rural sted,	COMPLETION OF CAUTOF DEATH? 1 YES 2 NO Route Number,
If any, leading to immercause. Enter UNDERLYII CAUSE (Disease or injuthat initiated events resulting in desth) LAS' PART II. Other signification of the control of the con	o MEDICAL Pending Investigation Could not be determined IFYING PNYSICIAL CAL EXAMINER:	10SPITAL: Inpetient 2 28a. DATE OF I (Month, De	ER/Outpatient INJURY y, 'ber' F INJURY — At	28b. Till IN thome, farm,	OTHER 4 Nursi	26. PL/: ing Nome 26c. INJU Wor 1	ACE OF DEATN (CA. 5 Residence RY AT RY AT RY 2 NO and place, and due	PERFIT 1 YES 1 YES 5 Other (Specify) 26d. DESCRIBE NOV 26l. LOCATION (Street City or Town, Steet City	PRMED 2 NO 4 INJURY Of the tend Number tenner as st	ccured or Rural sted,	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO

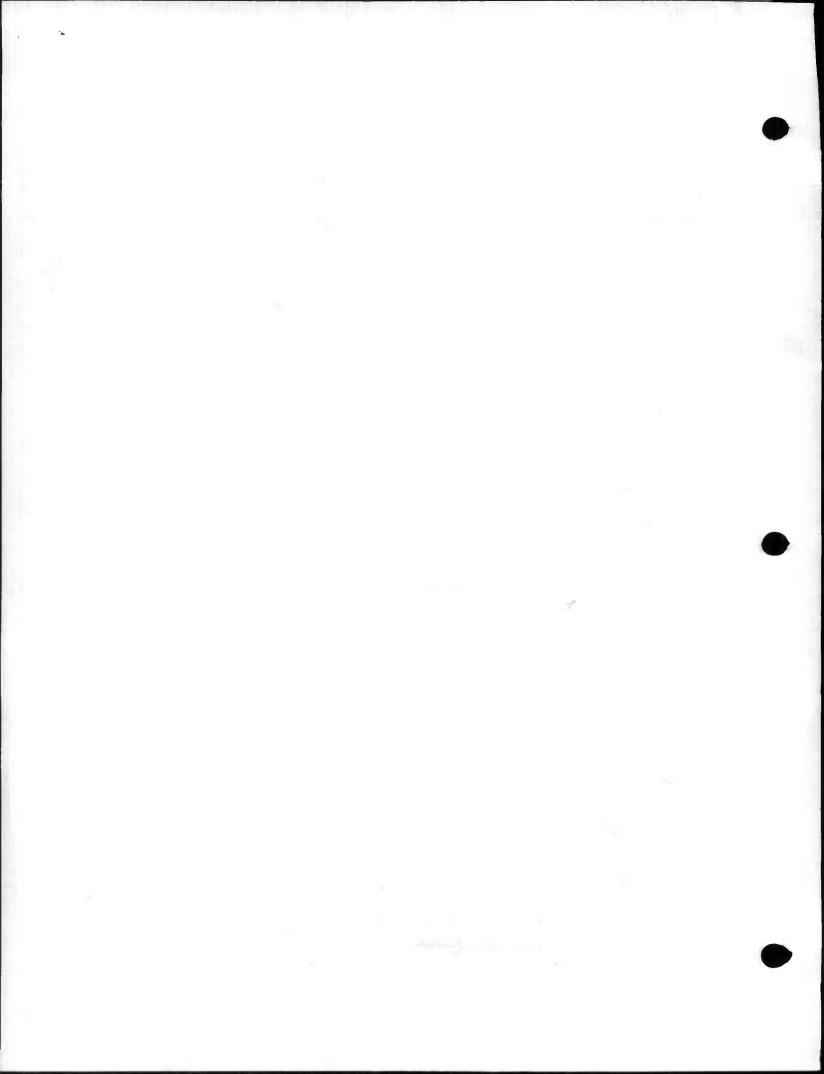
31. DATE FILED (Month, Day, Near)

32. REGISTRAR'S SIGNATURE



OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 29	TO THE PUNERAL UNRECTOR. After this certificate has been signed by the attending physician and completely fill	be Med within Z hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 3	THELMA W.	BLAC	K							2. DATE OF DE MONTH 10-23-	DAY	,	rear 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1		IF UNDER		7. DATE OF BIF (Month, Day,	TH	0	BIRTHPL.	ACE (State or Foreign
	220-22-7258		1 M 2 X F	91	YRS.		DAYS	HOURS	MIN.	10-12-			irgi	nia
Œ	9a. FACILITY NAME (If not instit							OR LOCATIO		ATH		9c. COUNT	T INTER	
DIRECTOR	Meridian Nur	SING	Home			Cat	tons	svill	.e			Balti	more	County
IRE	The second secon	Ob. COUNTY			10c. CITY	, TOWN OR	LOCAT	ION					10	d. INSIDE CITY LIMITS?
Maryland Baltimore Catonsville					☐ YES 2 🔀 NO									
ERA	16 Fusting Ave. 21228							-	. CITIZEN OF WHAT COUNTRY?					
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No. — 14.					. RACE -	American Indian,								
ВУ	1 Never Married 2 Ma 3 Widowed 4 Divorce		IF YES, GIVE V		O			2 ANO		, Puerto Rican,	etc.)		Specify:	fhile, etc.
	15. DECED	ENT'S EDUC	ATION	16a, 0E0	EDENT'S	USUAL OCC	UPATIO	ON .	_	16h KIND	OF BUSIN	(ESS/INDUS	TRY	White
COMPLETED	(Specify only hi	7	College (1-4 or 5	(GA	re kind of w Do NOT us	rork done du e retired.)	ring mo	st of working	9					
MP	8th Grade			Но	mema	ker								
	17. FATHER'S NAME (First, Middle) Benjamin	lle, Last)	Morehea	d					ele	IE (First, Middle,				
BE	19a. INFORMANT'S NAME (Type	/Print)	Horenea		MAILING	ADDRESS (Street e			oute Number, City	Tate		orfe)	
٩	Mrs. Adele B	. Stu	dy							Marrio				21104
	20a. METHOD OF DISPOSITION	3 🗌 Remo	val from State	20b. PLACE A	ND DATE C	F DISPOSIT	ION (Na	me of		OATE	20c. LOCA	TION - CH	y or Town	State
	4 Donation 5 Other (Sc 21. SIGNATURE) OF FUNERAL S		NSFF	Wards	Chap	el Ce	met	ery	10-	26-92 V	Vards	s Cha	pel,	MD
	· Jal	W	0	1		Lor	ing	g Bye	rs F	uneral				
\dashv	23. PART Enter the dise	ases, or co	omplications the	t caused the dea	eth Do o	872	28 I	iber	ty R	d. Ran	ndal	lstow	n, M	D 21133
	IMMEDIATE CAUSE (Final	rt fellure. L	iat only one cau	se on each line.							Тоорио	lory arres	***	interval Between Onset and Death
	disease or condition resulting in death)		CA	OR AS A CONSED	rilu	ma	щ	Ar	rest	`				
_			and the same of th	for as a consed):	J					_		
S S	Sequentially list condition if any, leading to immedia			(DR AS A CONSEO):								
S	cause. Enter UNDERLYING CAUSE (Disease or injury	G												
MEDICAL CERTIFICATION	that initieted events resulting in death) LAST		DUE TO	(OR AS A CONSEO	UENCE OF):								
S		d.												
ZAL.	PART II. Other significant	conditions	contributing to	death but not re	sulting i	n the und	erlying	g cause g	iven in F	Part i. 24a. 1	MAS AN AL		AN	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
ğ										_ 10	YES 2	140	Of	MPLETION OF CAUSE DEATH?
										-			1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEXAMINER?	_					26. PL	ACE OF DE	ATH (Chec	ck only one)				
YSI	1 TYES 2 ND			ER/Outpetient 3	□ DOA	OTHER:	ng Hom	e 5 🗆 Res	sidence 6	Other (Spec	lly)			
	27. MANNER OF DEATH 1 Netural 5 Per		28e. DATE OF (Month, D		28b. TIME INJ		Sc. INJI WO	RK?		28d. DEŞCRIBE	HOW INJ	URY OCCU	REO	
ВУ	2 Cutata	ustigation uld not be	28e. PLACE O	F INJURY At hon	ne, ferm, s	treet, factor				281. LOCATION	(Street and	f Number or	Rumi Rout	a Number
E		ermined	building,	etc. (Specify)						City or Town	, State)			
12				my knowledge, des										
COMPLETED		L EXAMINER	On the basis of e	camination end/or in	rvestigation	n, In my opi	nion, d	eath occure	d at the H	lme, date and pi	ace, end	due to the d	ause(s) ar	nd manner as stated.
														A COLOR OF THE PARTY OF THE PAR
BE	1 /1 /15 4() V/2 - K = 1 //- 1 /- HOVIO1) 1 11 2 1 / 6 9 1 \ 10 21 92 1							29c, LICE		LL LO	2	Ped. DATE S	IGNED (M	
TO BE	1145 40 VV	CERTIFIER	COMPLETED CAUS	E LL	AN (True	Rine)		D	30	469	2	Ped. DATE S	GNED (M	
0	30. NAME AND ADDRESS OF PI	CERTIFIER	COMPLETED CAUSE	ELL BE OF DEATH (ITEM	AN (1700).	(i)	00	D	30	469	ity	Pod. DATE S	MO ·	
0	1145 40 VV	CERTIFIER ERSON WHO HE V	COMPLETED CAUSE ROLET 32. REGISTRA LILLA DAMAS		AN (Type, 3; 5	(ZI)	00	D	30	469	ity	Pod. DATE S	MO ·	



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BALTIMORE, MARYLAND 21215-00	3
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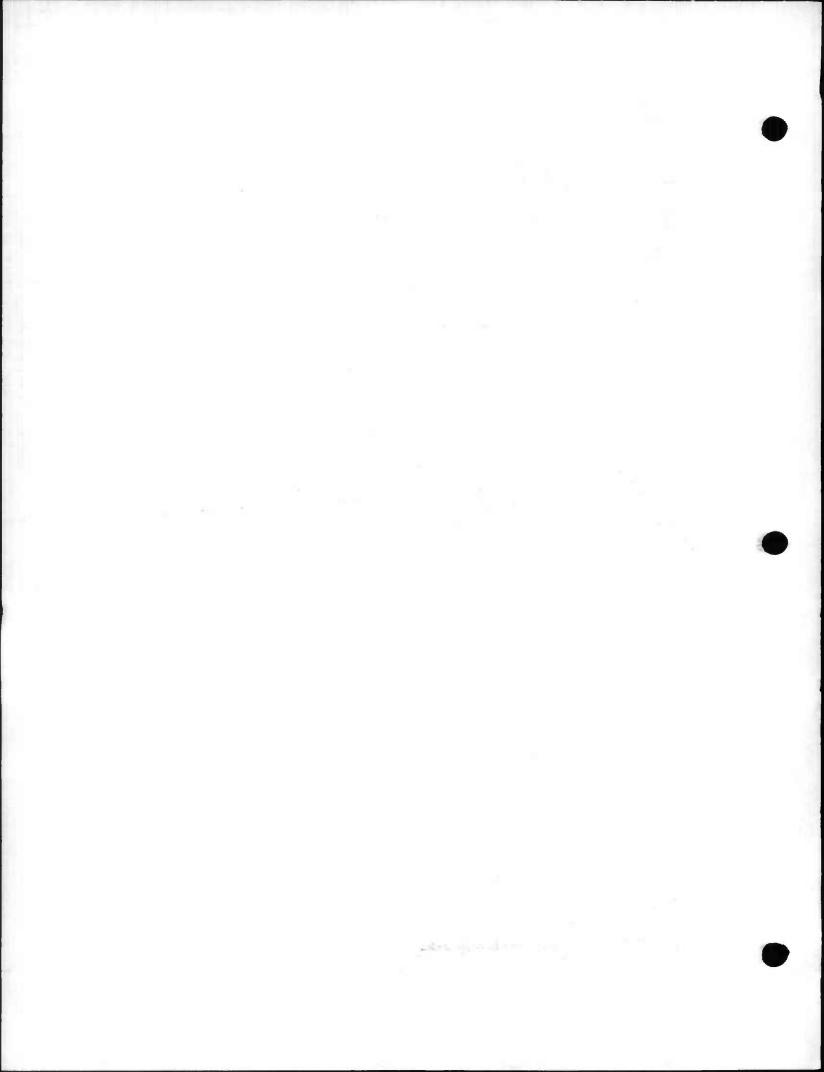
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OFFAITEMOING PHYSICIAN: The law requires that the death certificate be executed within 2. Inclurs after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL OFFAITEMOING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
	GEORGE	В	UDD		OCTOBER 21	1992	4:15A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y		MDER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH	e. BIR	ITHPLACE (State or Foreign	
	516-38-2754 Sa. FACILITY NAME (If not institution, give str	1 [X M 2 □ F 58		THE DAYS HOURS MIN.	Oct. 20, 1934 1111nois			
œ	Account to the first					9c. COUNTY OF		
DIRECTOR	THE JOHNS RESIDENCE OF DECEDENT 104. STATE 104. COUNTY	HOPKINS HOSP		BALTIMORE CIT	Υ	BALTIMO	ORE CITY	
2		mle and an el		WN OR LOCATION			10d. INSIDE CITY LIMITS?	
	Pennsylvania Cui	mberland	Ca	rlisle			1 YES 2 NO	
FUNERAL	1 Stonehedge W	av		101. ZIP CODE 17013		10g. CITIZEN OF	F WHAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14, RA	VCE — American Indian.	
BY F	1 Never Married 2 Married 3 Divorced	FORCES? 1 V YES :	P □ NO S	If yes, specify Cuban, Mexic 1 TES 2 NO Speci	nn, Puerto Rican, etc.)	Bia	eck, White, etc. ec/ly: White	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION 16 completed)	. DECEDENT'S USUA (Give kind of work of	AL OCCUPATION lone during most of working red.)	16b. KINO OF BUSI	INESS/INDUSTRY		
٦١	Elementary/Secondary (0-12)	College (1-4 or 5+)				6.5		
\ <u>\</u>	17. FATHER'S NAME (First, Middle, Last)	4	VP Labor	Relations		of P		
	White and the track the				AME (First, Middle, Meiden S			
BE	George K. Budd 19a. INFORMANT'S NAME (Type/Print)		19h MAR ING ADD	RESS (Street and Number or Rural	inia Van Sw			
임	Diane Budd			ehedge Way, C		,		
	20a. METHOD OF DISPOSITION		ACE AND DATE OF DIS	SPOSITION (Name of		ATION - City or		
1	1 Donation 5 Other (Specify)	R.	A. Ferr	is	10/22 West	t Chest	er, PA	
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		22. NAME AND ADDRESS OF FA	CILITY			
	18 Stone	10+ Ax		ROBERT C. ALT 6009 Harford			ME, INC. MD 21214	
	23. PART I. Enter the diseases, or co	omplications that caused th	e death. Do not e	nter the mode of dying, suc	th as cardiac or respir	atory arrest,	Approximate	
	SHOCK, OF heart failure. L	list only one cause on/each	line.				Interval Between Onset and Death	
	disease or condition resulting in death)	DUE TO (OR AS A CO	arrest d	ce to volume e	ovelood		5min.	
_	_	Renal Fully					1 1	
Ó	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE OF):				The days	
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	Heate Fail	ve				One week	
뜯	that initiated events						4	
CERTIFICATION	resulting in death) LAST	. Hepalocellula	Careinop	ıq			one year	
AL C	PART II. Other significant conditions	contributing to death but	not resulting in th	e underlying cause given in	Part I. 24e. WAS AN A		4b. WERE AUTOPSY FINDINGS	
	Scoris				PERFORM		AMILABLE PRIOR TO COMPLETION OF CAUSE	
						JE 110	OF DEATH? 1 □ YES 2 M NO	
ž							1 1 1 1 2 2 2 1 10	
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C)	neck only one)			
S		HOSPITAL:		HER: Nursing Home 5 - Residence	6 Other (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED		
B	1(Natural 5 Pending Processing Pr			M t YES 2 NO				
COMPLETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street	factory, office	261. LOCATION (Street an City or Town, State)	nd Number or Rure	al Route Number,	
ן ב	29a. CERTIFIER (Check only	IAN: To the best of my knowledg	e, death occurred at	the time, data and place, and du	to the cause(s) and mann	per as stated.		
8		: On the basis of examination an					e(s) and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU			ED (Month, Day, Year)	
98	Peter B. Rul	1 MD				· 10/-	21/92	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print,		hole St.	nada R	H. Min	
1	31 DATE FILED (Month, Day, Year) OCT 26 1992	32 DEGISTRAR'S GIGNATU	RE	00- / 6/11	3 -5(1)	cev 12	Chinash 1 Al	
	ULI 20 1992 da	ina Davidson-Asnd	The same of the sa					



FOR STATE REGISTRAR

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	TO THE HOSPING AND TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical
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31. DATE FILED (Month, Day, Year)
OCT 26 1992

1	1. DECEDENT'S NAME (First, Middle, Last) ELVA	ELIZO	abeth	Bro	un			2. DAT	TE OF DEATH	ã - 19	YEAR	AE OF DEA
	4. SOCIAL SECURITY NUMBER 215-30-1832			last birthday)	IF UND	ER I YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH rith, Day, Year)		B. BIRTHPLACE Country)	(State or F
	94 FACILITY NAME (If not institution, give at		6	YRS.	ah CD	TV TOWN	OR LOCATION OF		-1-31		Dubli	n, M
ECTOR	Harford Memor	[1]	octal				de Graci		d.	Sc. COUNT	of peath	<u>L</u>
OC I	10a. STATE 10b. COUNTY			10c. CIT	, TOWN	OR LOCA	TION			_		NSIDE CIT
ם	MD Harf 100, STREET AND NUMBER	ord		Ha	vr		Grace				1 🔯	YES 2
ERAL		D 0 T	. "	200		10	f. ZIP CODE				EN OF WHAT C	OUNTRY?
FUNE	666 Otsego St.	12. WAS DECEDENT I	EVER IN U.S.	ARMED	13	. WAS DEC	21078 ENDENT OF HISP	ANIC ORIG	IN? (Specify Ver		SA 4. RACE — Am	arican Ind
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 [Zwo.		If yes, sp	ecity Cuban, Maxi 3 2 X NO Spec	can, Puerte	Rican, etc.)		Black, White	Whit
ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a.	DECEDENT'S (Give kind of w We. Do NOT us	USUAL ork done	OCCUPATION DO	ON ost of working	16	6. KIND OF BU	SINESS/INDU	STRY	
E I	Elementary/Secondary (0-12)	College (1-4 or 5+)										
COMPL	17. FATHER'S NAME (First, Middle, Last)		lc_l	eanin	g	Mc Do	nald's		resta		t	
Ŭ W	Rene J. Bunc									Sumame)		
	19a. INFORMANT'S NAME (Type/Print)	e		19b. MAILING	ADDRES	SS (Street o	and Number or Rure	III.A. L	avis	n State Zin (Cortel	
- 1	Oscar M. Brown						St, Ha					1078
	20a. METHOD OF DISPOSITION 1 V Burlal 2 Cremation 3 Remo	nel from State		CE AND DATE O	FDISPO	SITION					ty or Town, Sia	
	4 Donation 5 Other (Specify)			rling	tor	1	10-	23-0	2 Dar	ling	ton. I	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICE		0 0	^			ND ADDRESS OF F	ACILITY		0		
	▶ Madelyn mi	tchell	Sle	ant	T.	Jaur	hell-Si	race	MD	21075	2	
	23. PART I. Enter the disesses, or cahock, or heart failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	Hey	the	faulu sequence or	ų	r the mo	de of dying, su	ch aa ca	rdiac or reapi	ratory arre		Approxim nterval B Onset and
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			SEQUENCE OF	7.							
MEDICAL C	PART II. Other algnificant conditions	contributing to de	eath but no	ot reaulting in	n the u	nderlyin	g cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	OF DE	BLE PRIOR
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:			OTHE		ACE OF DEATH (C	heck only o	one)			
Ä	27. MANNER OF DEATH	1 Superient 2 E					e 5 - Residence	y	er (Specify)	HIRV OCCU	DEC.	
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?							200.00	SCAIBE HOW II	AJORY OCCU	RED	
	2 Accident Investigation 3 Suicide S Could not be detarmined	28a. PLACE OF II building, etc	NJURY — At L. (Specify)	home, larm, st	reel, lac			261. LO: C/h	CATION (Street a	nd Number or	Rural Route Nu	mber,
E COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DERTIFYING PHYSIC DERTIFYING PHYSIC DERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	IAN: To the best of my						e ilme, dat		d dua to the		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
CHURLOS ECK THE 2-19 W BELF

29c. LICENSE NUMBER 31

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-18 Rev 1/89

29505

8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY 1 X YES 2 | NO

White

Approximate Interval Between Onset and Death

WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

14. RACE — American Indian, Black, White, etc.

3. TIME OF DEATH 15

10 Pm

MD

REG. NO.

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the funeral director, page 5 should be detached for

filled in by

has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation.

After this certificate I death with the State

DIRECTOR: /

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Dr. Kheder Ashker,

T 26 1992

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH **JAMES** ELMER BIDDLE Sr. October 18, 1992 9:25 Рм 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign HOURS 1 🕅 M 2 🗆 F YRS. 235-32-6643 Oct 9 1928 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital Cumber land **Allegany** RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? WV Mineral Keyser 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 358 26726 South Water Street U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \(\text{YES} \quad YES \quad 2 \quad NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Pu 1 TES 2 NO Specify: IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced 1948-1953 White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during moet of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ry/Secondary (0-12) College (1-4 or 5+) 12 Paper Manufacturing Machine Tender 17. FATHER'S NAME (First, Middle Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) To Louis Biddle Agnes Muir BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zlo Code) 2 358 Street Frances P. Biddle South Water 26726 Keyser, WV 9 METHOD OF DISPOSITION

Burlel 2 Cremetion 3 Re 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Potomac Memorial Gardens 10/21/92 4 ☐ Dometten 5 ☐ Other (Specify) Keyser, WV 26726 21. SKINATURE OFFUHERAL MERVICE examiner 22. NAME AND ADDRESS OF FACILITY Rotruck Funeral Home 85 26726 S. Main Street Keyser, WV medicel 23. PART i. Enter the disease es, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) traumatic event, AS A CONSEQUENCE OF DUE TO (OR CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 any injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO shows : 1 YES 2 NO PHYSICIAN: g 25. WAS CASE REFERRED TO MEDICAL EXAMINER? ltem. 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | YES 250NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Ho ne 5 - Residence 6 - Other (Specify) 9 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 1 YES 2 NO BY 26e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 3 Sulcide 60 261, LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 28 Item 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, and due to the cause(e) and manner as stated. IMPORTANT: If [MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 92 D 26471 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Johnson Heights, Cumberland, MD

32. REGISTRAR'S SIGNATURE

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FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CALE OF DE	ATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Las	Berliant			MH	ATE OF DEATH	YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 577-20-5338	5. SEX 6. AGE		IF UNDER 1 YEAR IF US	NDER 24 HRS. 7. DA	ATE OF BIRTH	a piori	HPLACE (State or Foreign on) HMOND VIRGIN			
TOR	90. FACILITY NAME (IT not institution, give HEBREW HOME OF GI RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOC ROCKVILLE			ONTGOME				
DIRECTOR	MARYLAND MONT	GOMERY		TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10a. STREET AND NUMBER 6121 MONTROSE ROA			10f. ZIP C	52		0g. CITIZEN OF V	WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (2 X NO	13. WAS DECENDEN If yes, specify C 1 YES 2 X	uban, Maxican, Pua	IGIN? (Specify Yes or rto Rican, etc.)	No- 14. RACE	E — American Indian, k, White, atc. hy: WHITE			
PLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	16a, DECEDENT'S U (Give kind of wo life. Do NOT use SECRETAR	rk done during most of we retired.)	orking	16b. KIND OF BUSINE		WIIII			
COMPL	17. FATHER'S NAME (First, Middle, Last) ALBERT BERLIANT	I.S GOVER									
TO BE	190. INFORMANT'S NAME (Type/Print) BENZION BERLIANT		19b. MAILING A	DDRESS (Street and Nun	NAH KRAN	lumber, City or Town, St	itete, Zip Code)				
	20s. METHOD OF DISPOSITION ACC AND DATE OF DISPOSITION (Name of camelion 3 Gramoval from State camelon or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of camelon or other place) 20c. LOCATION — City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STEIN HEBREW MEMORIAL FUNERAL HOME, INC. 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A d.	A CONSEQUENCE OF:	nenary		st		interval Between Onset and Death minutes days			
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. Dialetes Mellitus 1 Tes 2 PNO						0?	WERE AUTOPSY FINDINGS AWILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	F DEATH (Check only						
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJURY AT WORK? M 1 YES 2	25d. (ther (Specify) DESCRIBE HOW INJUR	RY OCCURED				
ED	3 Suicide 6 Could not be determined 26s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 26s. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State)										
COMPLET	2 MEDICAL EXAMIN	SICIAN: To the best of my know IER: On the besia of axaminatio	riedge, death occurred in and/or investigation,	at the time, data and pla in my opinion, death oc	cured at the time, d	cause(s) and menner at and place, and du	as stated, e to the cause(s)	and manner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFI	plush	my		ICENSE NUMBER	_	d. DATE STONED	(Mosth, Day, Year)			
-	30. NAME AND ADDRESS OF PERSON W	Then Mus.		6121 /	Monte	ese Ro	oal,	Rockv. 1/2			
	31. DATE FILED (MONTH, Day, 1647) OCT 26 1992	Landson-19	HALES.					mo			

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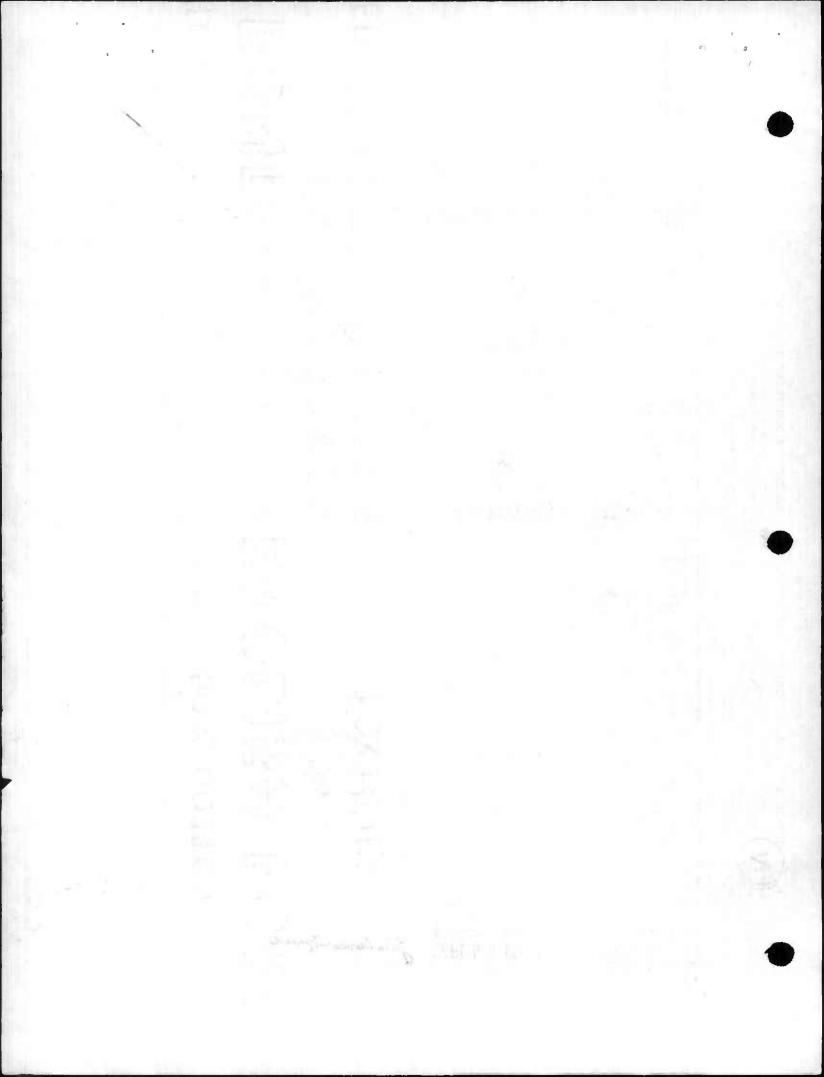
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	1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND F DEATH		IENE . NO.	e/ (100	2.7000		
	1. DECEDENT'S NAME (First, Middle, Last)	ARIES L	BRO	cat	O, Jr.	2. DATE OF OEA		YEAR	OSOG AM		
	4. SOCIAL SECURITY NUMBER		'in yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRT (Month, Day, Y		Country)	CE (State or Foreign		
	213-32-2165	1 M 2 D F	58 YRS.			10-11-34 Maryland					
œ	80. FACILITY NAME (If not institution, give str		neral		N OR LOCATION OF D	EATH		Y OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT	sunia se	ner a	Ran	dallstown		Bal	timor	<u>:e</u>		
REC	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LO				10d	INSIDE CITY		
	-	11 County			iottsvill	e			YES 2 X NO		
ERAL	100. STREET AND NUMBER 2415 Forest Hil	l Pood			10f. ZIP CODE	104		N OF WHAT			
FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER II	V U.S. ARMED	13. WAS D	ECENDENT OF HISPA			J.S.A.	American Indian,		
	1 Never Married 2 XMarried	FORCES? 1 YES	2 NO	If yes,	specify Cuban, Mexico ES 2 NO Specif	an, Puerto Rican, at		Black, Wh Specify:	ilte, atc.		
ВУ	3 Widowed 4 Divorced					,		Specially.	White		
TED	15. DECEDENT'S EDUC. (Specify only highest grade of		(Give kind of	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18e. NOT use retired.)							
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	100	1							
COMPL	17. FATHER'S NAME (First, Middle, Last)		Servi	ce Stat	ion Owner 18. MOTHER'S NA	AME (First, Middle, A	ervice S	stat.10	on		
ш	Charles Lou	is Brocato.	Sr.		Sar	ah DiCri	spino				
TO B	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street	et end Number or Rural			(ode)			
F	Mrs. Mary Jean Br				t Road M	arriotts	ville. M	D 211	04		
	20e. METHOD OF DISPOSITION 1 1 1 Burlel 2 □ Cremation 3 □ Remo	val from State CON	netery, cremetory or	other place)		1	c. LOCATION — CI				
	41 Donation 8 Other (Specify)		arrison		Veterans		Owings	Mills	MD		
	Blica D	(11) 41	: 1+		GHT FUNER		(P.O. E	30x 19	95)		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate										
	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	SCHOOL DUE TO COME AND ADDRESS OF THE COME ADDRESS OF THE COME AND ADDRESS OF THE COME ADD	ach ilna.	f Sisan		ar ear unac or	Toophiatory arres		interval Between Onset and Death		
NO	Sequentially list conditions, Due to (or as a consequence of):										
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Hersertensin						j			
IFIC	CAUSE (Disesse or injury that initiated events	DUE TO ON AS	CONSEQUENCE C	91 0				+			
CERI	resulting in death) LAST	Hype	ichotly	bollino							
CAL	PART II. Other algorificant conditions	contributing to death b	out not resulting	in the underly	ring cause given in	P	AS AN AUTOPSY ERFORMED? (ES 2 (X NO	AMA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?		
MEDI								1	YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	heck anh, and					
SICIAN	EXAMINER? 1 Tyes 2 No	HOSPITAL:	netlant 3 DOA	OTHER:	Iome 5 - Residence		MI				
PHYS	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. Til	WE OF 28c.	INJURY AT		HOW INJURY OCCU	JRED			
ву Р	1 Natural 5 Pending	(Month, Day, Year)	IN IN	M 1	WORK? YES 2 NO						
TED	2 Accident invertigation 3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe-	/ — At home, ferm, cify)	street, factory, o	ffice	281. LOCATION (City or Town,	Street and Number of Stete)	r Rural Route	Number,		
COMPLE	anal any	IAN: To the best of my known: On the basis of examination							d manner on stated.		
ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU		29d. DATE	SIGNED (Mg	nth, Day, Year)		
TO B	tatuch Tu	mous			1)208	06	10	123/9	5		
	30. NAME AND ADDRESS OF PERSON WHO	ves,	1425		Y ROAD	ELD	CPSBURG,	шр	21784		
	31. DATE FILED (MORITH, Day, War) OCT 2 6 1992	132. REGISTRAR'S SIGN		is							

The same and the same agreement

BALTIMORE, MARYLAND 21215-0020 in 24 rouns after death. Page 6 may be retained by the hospital or attending physicial epid filled in by the funeral director, page 5 should be detached for use as the burial-tradion, or removal. The medical examiner must be notified at once.	
TO PERSON OF VITAL RECORDS, P.O. BOX 68760, TO PERSON. AND TRIBUNG PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician. To be recommended to the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be recommended to them 23 shows after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal. MAPORTANT: If them 28 is marked, or item 23 shows any inliny, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			ENTAL HYGIENE REG. NO.	92 29509				
	1. DECEDENT'S NAME (First, Middle, Last)	E. C	OOPER			2. DATE OF DEATH DAY	3. TIME OF DEATH				
	3HERWOC 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)				
	0 0	DE. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
CIOR	Mercy Medical Center BALTIMORE CITY										
DIRECTOR	10e. STATE 10b. COUNTY	PALTIMORE		TUPS	Mora	city	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL		STREAT	APT 3	03	ZIP CODE	30 10g. CI	TIZEN OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS Separ 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	0 E 12510	If yes, sp	ENDENT OF HISPANIC celly Cuben, Mexican, 2 X 0 Specify:	ORIGIN? (Specify Yes or No— Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:				
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th.Grade	CATION completed) Cotlege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use Carpent	k done during mo etired.)	at of working	Maintenar	nce poor				
COMPL	17. FATHER'S NAME (First, Middle, Last)		Carpent	Ly &		E (First, Middle, Meiden Surneme)	isters of the				
- 1	Jerry	Co	ooper		Belle		iffin				
O BE	19e. INFORMANT'S NAME (Type/Print)			DDRESS (Street e		ute Number, City or Town, State, 2					
Ĕ	Mr.GregaryJ.Co	oper	8 S.B	roadwa	ay, Balt	o.Md. 2123					
	20a. METHOD OF DISPOSITION 1	oval from State	ob. PLACE AND DATE Of cemetary, crematory or letro Cre	matov	Inc. 10	/29 Catons	nsville, Md.				
1	21. SIGNATURE ON FUNERAL SERVICE LIN			22. NAME A	D ADDRESS OF FACIL	Balto.Md.	21230 130 e.fort Ave				
	23. PART I. Enter the diseases, or shock, pr heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)	a. DUE TO (OR AS	each lina.	0	de of dying, such	aa cardiac or reapiratory a	Approximate Interval Between Onset and Death				
MILION	Sequentielly list conditions, if any, leading to immediate	b. SUB ARCOUNT TO (OR AS	A CONSEQUENCE OF):	HIMORAGE							
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A AS A CONSEQUENCE OF):								
S	PART II. Other algnificent condition		····	Abe wadadule	s seuse shoe le D	and I have not an automore	A TO WEEK AUTORON COURSE				
MEDICAL	PART II. Other agricultural	is contributing to death	Dut libt leadining in	the underlyin	g cause given in Pa	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Chec						
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	OF 28c. IN.	IURY AT ORK? YES 2 NO	Other (Specify) 28d. DESCRIBE HOW INJURY C	OCCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, atr pecify)	eet, factory, offic		26f. LOCATION (Street end Number or Rural Poute Number, City or Town, State)					
COMPLETED	anal and					o the cause(e) and manner as a me, date and place, and due to	stated,				
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Menim	(100).	MD	29c. LICENSE NUME	29d. D.	MATE SIGNED (Month, Dey, Year)				
2	30. NAME AND ADDRESS OF PERSON WE	A SSIMO	DEATH (ITEM 27) (Type, F	rint)	CANTER	/ BAZZIME	25 /MR				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	1992 July	a Davidso	- Pandalle	/BALTIMO!	VIS 1				
	, 04,0.										



92 29510

1 591

USA

Specify

3. TIME OF DEATH

BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 X YES 2 NO

White

Inc.

Approximate

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

Onset and Death

Maryland

10:20 pm

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the medical rate of PATSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	THE PLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu	Mental Hydron after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.	PORTANT: Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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lal-transit permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

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HOSPITAL DR.

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPL

2

1 X Natural

2 Accident
3 Suicide

4 Homicide

ITEMS: 23 PART 1.27 PER MEO G 693 11/4/92 reb FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 24 4 TO CAROLYN COOK RAE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS (Month, Day, Year) (9-09-66 1 🗌 M 2 🔯 F 26 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH 4816 CURTIS AVENUE BALTIMORE RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4816 Curtis Avenue 21226 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) FORCES? 1 YES 2 2\C\\00 1 Never Married 2 Married 1 TYES 2 X NO Specify: 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp lary (0-12) College (1-4 or 5+) 12th Never Worked N/A 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Richard L. Cook Janet G. Hval 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Janet G. Cook 1870 Cedar Drive, Severn, MD 21144 20a. METHOD OF DISPOSITION

1 Burlal XIX Cremation 3 Red
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 29c. LOCATION - City or Town, State Metro Crematory, crematory, Inc. 10-26 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY
Cremation Society of Maryland, George E. 299 Frederick Rd., Balto., MD 21228 MacNabb 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory strest, shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** disease or condition DIABETIC KETOACIDOSIS resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 KYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1XXES 2 NO 5XXXesidence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

М

28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)

Chuti

1 YES 2 NO

29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. occured at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10/25/1992 O.C.M.E. 111 PENN STREET BALTIMORE, MARYLAND 21201

261. LOCATION (Street and Number or Rural Route Number, City or Yown, State)

M.D., Dennis J. Chute, 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Julie Bevidson Bonde

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

6 Could not be

29b. SIGNATURE AND TITLE OF CERTIFIER

1CT 2 6 1992

DHMH-16 Rev 1/89

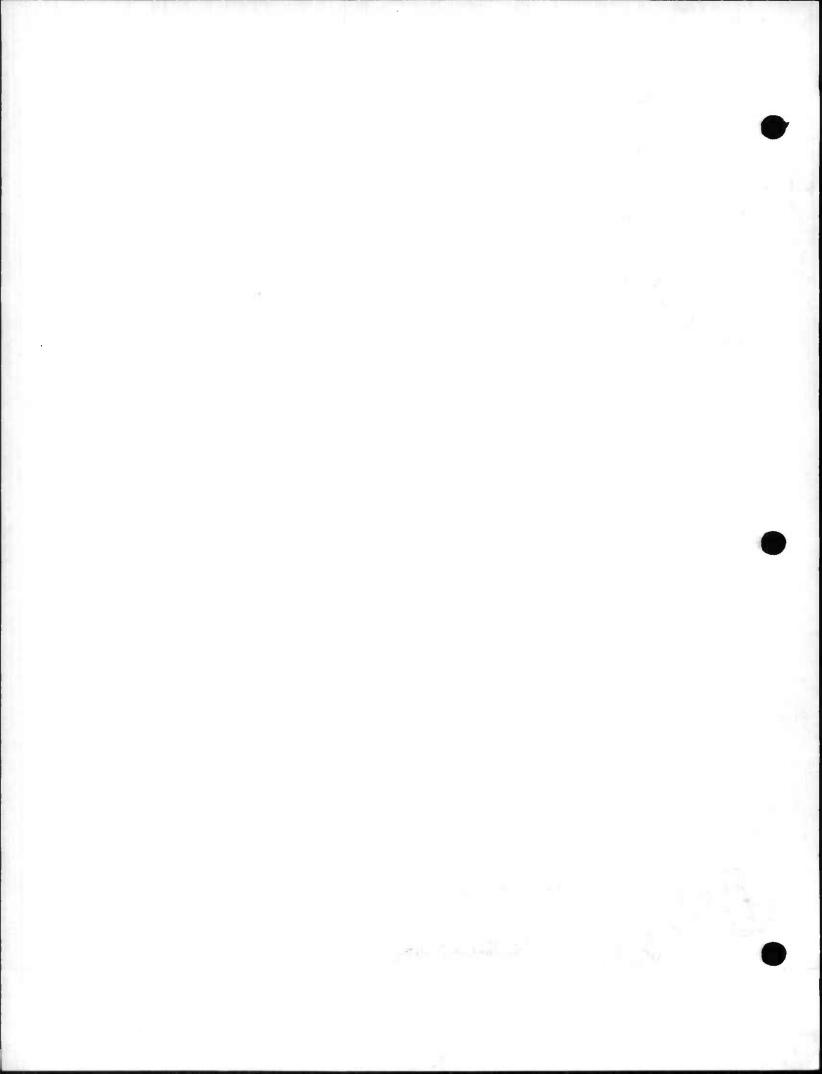
1		. Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
BA	after d	by the f

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TOTHE HOBITIAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TOTHE PLANEAU DIRECTOR. And this continue has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE_FILED (Month, Day, Year)

	FOR 1 . STATE	STATE OF I	MARYLAND /	DEPAR	RTMENT OF	HEALTH	AND MEN	TAL HYGIEN	E 92) 2	9511
	REGISTRAR		CI	ERTIF	ICATE O	F DEAT	'H	REG. NO	-/ 0	- (-	2011
	1. DECEDENT'S NAME (First, Middle, Last)	Co a	.k.a.					ATE OF DEATH	AY	YEAR 3	. TIME OF DEATH
	PAUL C.	CROSS a	Paul Cr	resten Cross, Sr.				0 2	3 19	92	M
	4. SOCIAL SECURITY NUMBER	8. AGE (in yrs. les				24 HRS. 7, D.	ATE OF BIRTH			ACE (State or Foreign	
	231-16-5947	65				MIN.	fonth, Dey, Year)	27	Country) Virg:	inia	
	Se. FACILITY NAME (If not institution, give a	street and number)			96. CITY, TOW	N OR LOCATIO	N OF DEATH		_	Y OF DEA	
TOR	St. Agnes Hospita	1			Batti	DORE					
DIRECTOR	10a. STATE 10b. COUNT	Y			Y, TOWN OR LO					11	Od. INSIDE CITY LIMITS? XYES 2 NO
1	10e. STREET AND NUMBER					10f. ZIP CODE			100 CITIZ	EN OE WH	AT COUNTRY?
FUNERAL	1810 Casadel Aven					21230			U.S.		AI COUNTRY
BY FUI	11. MARITAL STATUS 1	FORCES?	T EVER IN U.S. AF YES 2 1 MAR OR DATES		If yes,	ECENDENT OF apacity Cuban	, Mexican, Pue	IGIN? (Specify Ye rto Rican, etc.)	s or No-	Specify:	- American Indian, White, etc.
ED	15. DECEDENT'S EDU	I WW II	10.00							whi:	te
L L	(Specify only highest grade	completed)	(G		USUAL OCCUPY work done during		g	16b. KIND OF BU	SINESS/INDU	STRY	
اتا	Elementary/Secondary (0-12)	College (1-4 or 5	+)		,						
COMPLET	12	_1	l car	pet	salesma						
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAME (FI	rst, Middle, Maiden	Surname)		
H	Joseph J. Cross					Myrt	cle May	Ross			
2	19a. INFORMANT'S NAME (Type/Print) Lucille Carter Cr	oss						imore,		,	21 230
	20a. METHOD OF DISPOSITION		20h. PLACE	AND DATE	OF DISPOSITION	(Name of		ATE 20c 10	CATION - C	the or Town	State
	1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	MD Vet	matory or c	metery-	Crowns	svill 1	10/26/92	Crow	nsvi	lle. MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME	AND ADDRES	S OF FACILITY	Ambrose	FH	of 1	Lansdowne
	Fort J. C	Trabase	·).		2719	Hammo	onds Fr	ry.Rd.La	ınsdow	ne,MI	21227
	23. PART I. Enter the diseases, or shock, or heart failure.	complications the	t caused the de	eath. Do	not enter the	node of dyir	ng, such aa	cardiac or resp	iratory arre	et,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	20.00	rdial in		tion						Onset and Death days
	resuming in deating	DUE TO	(OR AS A CONSE	QUENCE O	F):						1
2		. Hemol	ytic Ane	mia	and Ath	eroscl	lerosis	5			
ō	Sequentially list conditions, if any, leading to immediate	M	(OR AS A CONSE								1
CERTIFICATION	cause. Enter UNDERLYING	Carci	noma of	Left	Lung						
三三	CAUSE (Disease or injury that initiated events		(DR AS A CONSE								+
E 1	resulting in death) LAST										
빙		d									
4	PART II. Other significent condition	s contributing to	deeth but not i	resulting	in the underly	ing cause g	iven in Part				ERE AUTOPSY FINDINGS
MEDICAL	Chronic obstru	ctive pu	lmonary	dise	ase			1 YES		0	MAILABLE PRIOR TO OMPLETION OF CAUSE
		-						X			F DEATH?
	-									1 5	YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL										
<u> </u>	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DE	ATH (Check on	ly one)			
ΥS	1 TES 2 NO		ER/Outpatient 3	□ DOA	4 - Nursing H	ome 5 🗆 Res	sidence 6 🗆 (Other (Specify)			
РНҮ	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIN		NJURY AT WORK?	28d.	DESCRIBE HOW	NJURY OCCL	PRED	
B	1 Natural 5 Pending 2 Accident Investigation					YES 2	NO				
	3 Suicide 5 Could not be	28e. PLACE C	of INJURY - Al ho	me, farm,	street, factory, o	fice		LOCATION (Street		r Rural Rou	te Number,
TED	4 Homicide determined							City or Town, State;			
ا يّا ا	29a. CERTIFIER (Check only 1) CERTIFYING PHYS	CIAN: To the heat or	my knowledne de	ath occur	ed at the time of	ete end steer	and this to the	councils) and mi	Mar no chai	1	
COMPLET	(Check only one) 2 MEDICAL EXAMINE										nd manner as stated
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H H	296. SIGNATURE AND TITLE OF CERTIFIE	. 8	X.	11	w	1 - 0	NSE NUMBER		500		fonth, Day, Year)
2	u	M /B	De		- 0	D41	843			10/23	3/92
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	, Print)						



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FUNERAL DIRECTOR

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PHYSICIAN: MEDICAL CERTIFICATION

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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	burial-tr		
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OH OF	PUBEC	New 72 per arter detern with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If them 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
P	N. P.	22 50	MT. II
THE	THE	fled	POPITA
2	2	2	Ξ

Sequentially list conditions,

If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury

that initiated events resulting in death) LAST

1 -

											9	2 295	1.0
1 - STATE REGISTRAR		STATE OF N		DEPART					MENTAL HYGIEN	_	40"		1 6.
1. DECEDENT'S NAME (First	Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
	R	ichard	T.	Ca	rbac	k,	Sr.		Oct.23,1992				м
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. In				IF UNDER	24 HRS.	7. DATE OF BIFTTH	, 2 0 0	a. BIRTI	HPLACE (State or Foreign	
218 12 (5422	1X M 2 🗆 F	70	YRS.	MONTHS	DAYS	HOURS	MINN.	Sept. 26,	1922	Count	aryland	
9s. FACILITY NAME (If not in	-	*			96. CITY, T	OWN OF	LOCATI	ON OF DE	ATH	9c. COU	NTY OF E	DEATH	
1856 Ce	dar R	d.						Pasa	adena		Δ Δ	.Co.Md.	
RESIDENCE OF DEC				_							A·A	· CO.Mu.	
10e. STATE	10b. COUNTY			10c. CITY	TOWN OR	LOCATIO						10d. INSIDE CITY LIMITS?	
Maryland	Anne	Arunde1			_		Pa	asade	ena			1 TES 2 NO	
10s. STREET AND NUMBER						101,	ZIP COD	_				WHAT COUNTRY?	
1856 Cedar	Rd.					21122			United		States		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X VES 2 NO IF YES, GIVE WAR OR DATES WORLD WAR II				RMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: White					k, White, etc.			
15. DEC (Specify only	EDENT'S EDUC	CATION completed)			USUAL OCCUPATION 16b. KIND OF BUSINESS/I work done during most of working			SINESS/IN	DUSTRY				
Elementary/Secondary (0	1-12)	College (1-4 or 5 c	- 16	i. Do NOT use	use retired.)							- 1	
12		2		Se1f	If Employed (Owner) Marina								
17. FATHER'S NAME (First, M John J. Car							18. MOTO	HER'S NAI DSali	e (First, Middle, Maiden	Sumame) Solek	oiesk	i	
19a. INFORMANT'S NAME (7									loute Number, City or Tow	n, State, Zi	p Code)		
Antoinette	e Carba	ick		1856	Cedar	Rd	., F	asad	ena, MD	2112	22		
20a. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from State	cemetery co	AND DATE O	or olace)			ark			City or To	own, State	
21. SIGNATURE OF FUNERAL SERVICE OCCURSES					MC	Cu1	1y E		al Home of Rd., Pasa				
23. PART I. Enter the diseases, or complications that caused the death. Do no shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final							e of dy	ing, suct	as cardiac or respi			Approximata Interval Betwee Onset and De	1000
disease or condition resulting in death) a. **DUE TO (OR AS A CONSEQUENCE OF):** DUE TO (OR AS A CONSEQUENCE OF): **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUEN									_				

La of the Panepegson

PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 Residence 6 Other (Specify) 4 D Nursk 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) TIME OF 29c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Netural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 26f. LOCATION (Street and Number or Flural Route Number, City or Town, State) 4 Homicide

29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the bi occured at the time, date and place, and due to the cause(s) and manner as stated.

e To state c

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

286 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

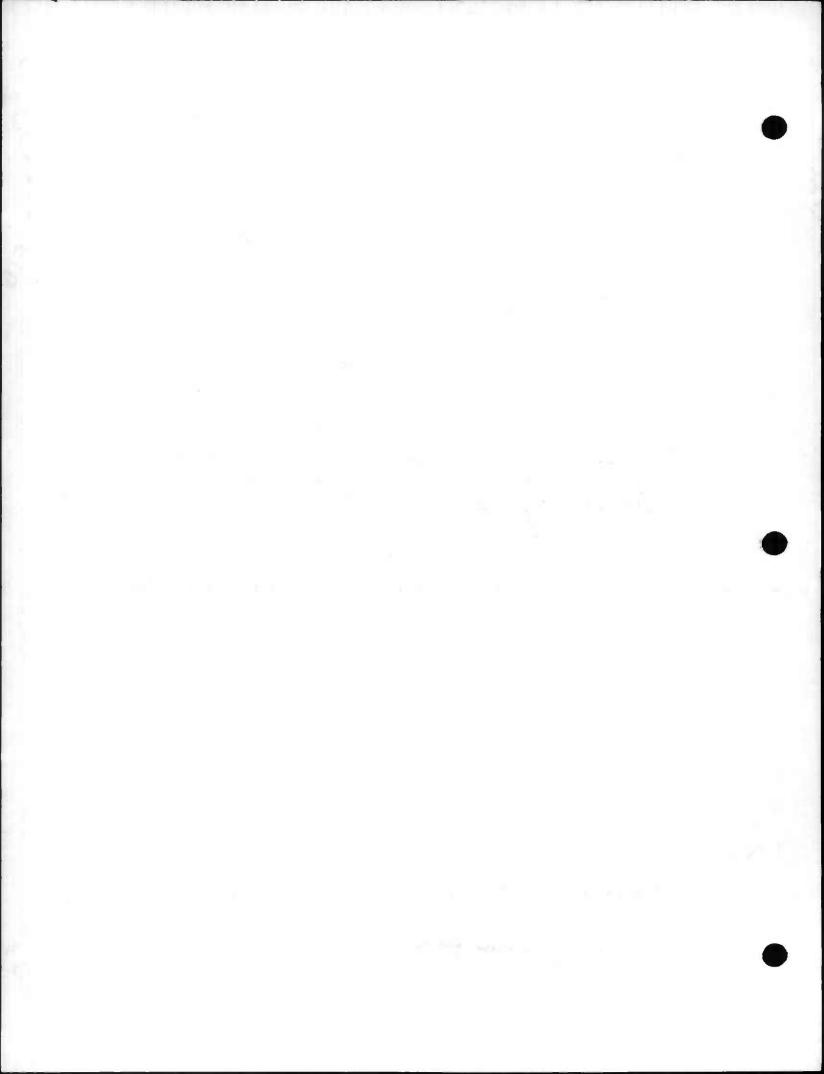
104

2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Duidson-Amous 31. DATE FILED (Month, Day, Year) OCT 2 6 1992

0

23



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

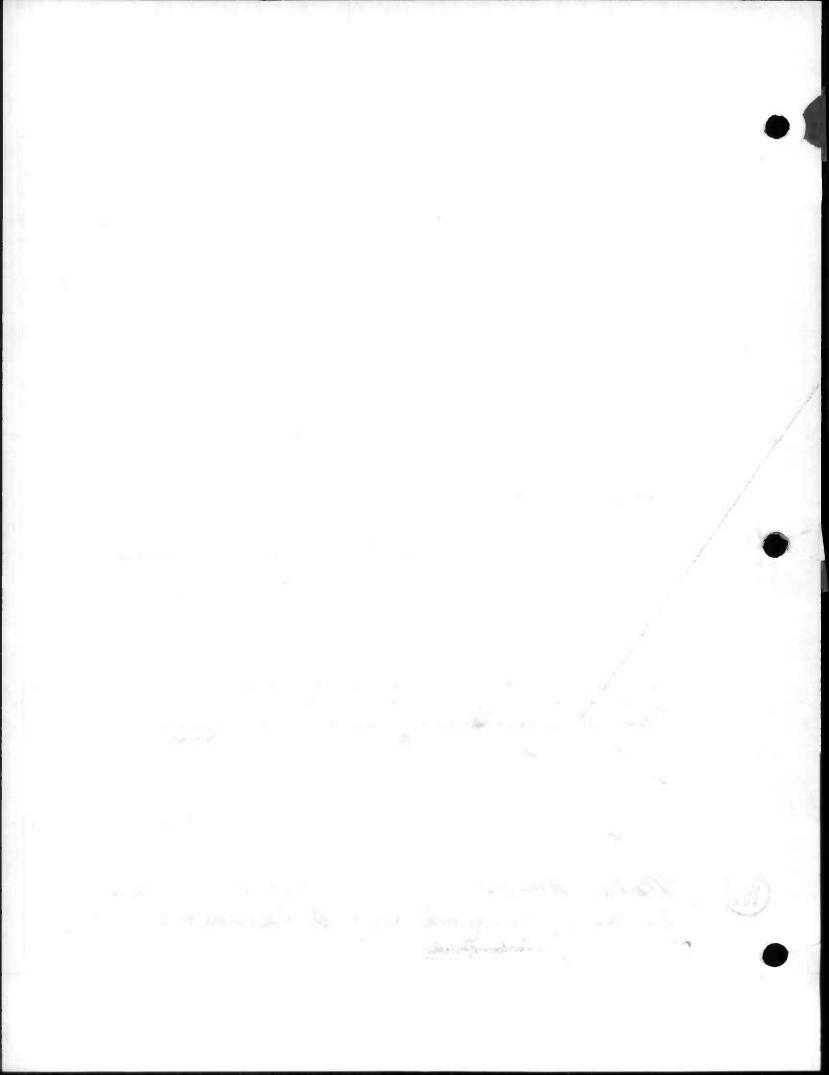
i	1. DECEDENT'S NAME (First, Middle, Last) ROSE BUD DOB								2	MONTH DEATH MONTH DO - 2	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 176-18-5959		5. SEX 1 M 2 X F		8. AGE (In yrs. last birthday) III 97 YRS.		1 YEAR DAYS	IF UNDER 24 H		DATE OF BIRTH (Month, Day, Year) 3-6-189		a. BIRTHPLACE (State or Foreign Country) VIRGINIA	
HO!	9a. FACILITY NAME (# not # CHESAPEAKE RESIDENCE OF DEC	MANOR		HOME		96. CITY, TOWN OR LOCATION OF GEATH ARNOLD							
DINECTOR	MD MD		NOLD						10d. INSIDE CLIMITS? 1 YES 25				
LONGLAN	100. STREET AND NUMBER 801 BARRE				1. ZIP CODE 21012				U.S.	WNAT COUNTRY?			
5	11. MARITAL STATUS 1 Never Married 2 XX Widowed 4 Divo	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES	S 1 ☐ YES 2 ☑ NO Specify: Spe						Spec	E — American Indian, k, White, etc. ////////////////////////////////////			
COMP CELLED	15. DEC (Specify onl Elementary/Secondary (d	+) 16a.	te. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. De NOT use retired.) SEAMSTRESS										
25	17. FATHER'S NAME (First, A HILLIARY	PULLIA	AM.					HENNR	ETT	(First, Middle, Malder, A SMITH			
	19a. INFORMANT'S NAME (Type/Print) GLORIS STERN 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 801 BARRETT AVE./ARNOLD, MD 21012												
	20s. METHOD OF DISPOSITION 1XI Burnel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 1 Cremation 5 Other (Spann) 20b. PLACE AND DATE OF DISPOSITION (Name 1 Crematory or other place) VOSHELL MEMORIAL GARDENS 10/27 DUNDALK, MD												
	22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE								VENUE				
	23. PART I Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, IMMEDIATE CAUSE (Finel disease or condition reculting in death) Ous TO (oh AS A CONSEQUENCE OF):												
Sentin Icanion	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
median.	PART II. Other significent conditions contributing to death but not resulting						n the underlying ceuse given in Part I. 24s. WAS AN AUTO PERFORMED. 1 YES 2 N					24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ	_	LACE OF DEAT	H (Check	only one)			
THE STORY	1 YES 2 NO 27. MANNED OF DEATH 1 Natural 5 2 Accident	Pending Investigation	1 Inpatient 2 28a. DATE 0 (Month,		28b. TII	4- Nu	28c. IN W	Me 5 Reside	2	Other (Specify) 8d. DESCRIBE HOW	INJURY O	CCURED	
	a D Sudalda	Could not be determined		OF INJURY — At 3, etc. (Specify)	home, farm,	street, fac	tory, offi	Ce	2	8f. LOCATION (Street City or Town, State		er or Rural	Route Number,
COMPLETE	one)		SICIAN: To the best of										(s) and manner as stated.
20	29b. SIGNATURE AND TITL	E OF CHITTIFE	peylo	0 (7	J',	0		29c LICENS	e NUMBI	328	29d, D/	10	DEPAY
2	30, NAME AND ADDRESS O	U.K	HO COMPLETES CA	USE OF SEATH (TEM 27) (Typ	e, Print)	54	11 Ol	a	Fred	ser	101	L POQO
	31. DATE FILED (Month, Day	1992	grin Day	AB'S SIGNATURE	ALL.		1	CTC	· •	1000	0	100	



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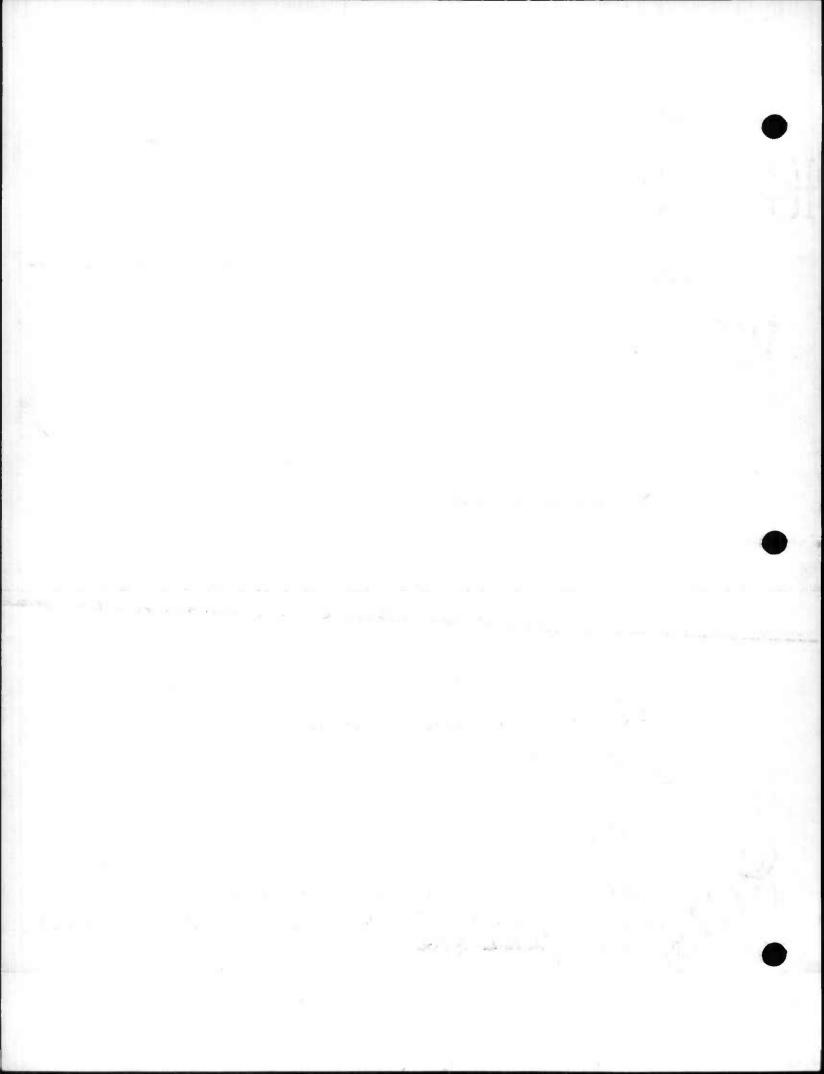
r attending physician.	director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	2/2	3//
, after death. Page 6 may be retained by the hospital or attending physician	in by the funeral director, page 5 should be detached for	r removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
₩,	mpletely med i	cremation, or	vent, the m
ICIAN: The law requires that the death certificate be executed w.	rtificate has been signed by the attending physician and completely weed in by the funeral directions	the State Dept. of Health and Mental Hygiene prior to burial, cremation	y injury, or other traumatic en
The law requires th	te has been signed	te Dept. of Health	om 23 shows an
DING PHYSICIAN: 1	83	seath with the Sta	marked, or ite
TAL DR ATTEND	VAL DIRECTOR: After this	an 72 hours after death with	MPOUTANT: If Item 28 is marked
HOSPI, HOSPI	D THE FUNER	MINES WITHIN	MPOSTANT

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA			MENTAL HYGIEN		20014				
	1. DECEDENT'S NAME (First, Middle, Last)	ACOB ALLEN				2. DATE OF DEATH	-	3. TIME OF DEATH				
	BABY BOY	DECKER	DECKER			OCTOBER 1	AY YEAR	3:36 a.m. M				
	The state of the s			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year)		THPLACE (State or Foreign				
		⊠ M 2 □ F	YRS.	NTHS DAYS	2 Min.	10/16/92		ryland				
~	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
DIRECTOR	THE JOHNS HOPKINS	HOSPITAL	В	ALTIMO	RE CITY		BALTIMO	RE CITY				
EC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY				
드	Virginia		Wal	lops I	sland			LIMITS?				
AL	10e. STREET AND NUMBER	WHAT COUNTRY?										
FUNERAL	23C Cartlidge Dr.				23337		U.S.	Α.				
F		. WAS DECEDENT EVER IN FORCES? 1 YES				IIC ORIGIN? (Specify Yenn, Puerto Rican, etc.)	or No- 14. BA	CE American Indian, ick, White, etc.				
ВУ	1 Rever Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 K NO Specify			nolly:				
	15. DECEDENT'S EDUCATI	ON	16a. DECEDENT'S US	IAL OCCUPATION	M	THE KIND OF BUILDING	SINESS/INDUSTRY	White				
COMPLETED	(Specify only highest grade com	oflege (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during ma		166. KIND OF BU	SINESS/INDUSTRY					
PL	NONE	onege (I-4 or 5+)	N/	'A			N/A					
S S	17. FATHER'S NAME (First, Middle, Last)		24/		18. MOTHER'S NA	ME (First, Middle, Malden						
BE C	Charles	Andrew Decl	ker		S	tephanie M	Marie Sm	ith				
TO B	Charles Andrew Decker Stephanie Marie Smith 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)											
-	Stephanie M. Decke	r	23C Car	tlidge	Dr., W	allops Isl	and, V	A 23337				
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal		PLACE AND DATE OF D		me of		CATION — City or	Town, State				
	4 Donation 5 Other (Specify)		etery crematory or other Galena Cen				loods Co.	, OK				
	The state of the s	1/4 \	1)		D ADDRESS OF FA	CIUTY ENBURG FUN	TERAL HO	ME, INC.				
	Nume 1	Kincai	0	6009	Harford	Rd. Balt	imore.					
	23. PART I. Enter the diseases of com shock, or heart fature. List	plications that caused	the death. Do not	enter the mo	de of dying, sucl	h as cardiac or resp	iratory arrest,	Approximate interval Between				
						Λ						
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. MULTIPLE CONGENITAL ANOMALIES 2 hows DUE TO (OR AS A CONSEQUENCE OF):											
	DUE TO (OR AS A CONSEQUENCE OF):											
O	Sequentially list conditions,											
CERTIFICATION	th any, leading to immediate cause. Enter UNDERLYING											
티	CAUSE (Disease or Injury that initiated events	DUE TO (DR AS A	CONSEQUENCE OF):					-i				
F	resulting in death) LAST											
	PART II. Other significant conditions of	antibuting to death b			100000							
SA	D					Part i. 24a. WAS AN PERFOR		Ib. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO				
	T. G. + al	Dia	A LC	60	7	YES 2	□ NO	OF DEATH?				
Σ	Malasano	DIABETT			IASS D			1 TES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL	vere P	re e cla,		YOU		nios					
PHYSICIAN: MEDIC	EXAMINER?	OSPITAL:		THER:		eck only one) NIC						
Ξ	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME O			8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED					
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	/ Wo	RK? ES 2 NO							
) BY	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— Al home, farm, stree									
Ë	4 Homicide determined	building, etc. (Spec	пу)	Dasgerit Ho								
7	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowl	edge, death occurred e	t the time, date	and place, and due	Johns -	war as stated	University Ho				
COMPLETED	one) 2 MEDICAL EXAMINER: 0							(s) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER	/			29c. LICENSE NUN			D (Month, Day, Year)				
) BE	Marily PALL	n MO		(1	0267	28	▶ 10/	16/92				
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)	1		(4/)	7/10				
	Johns Haplin	Hospit	al NU	cu 1	RAI RAI	TIMOUR A	10217	105				
,	31. DATE FILED (Month, Day, fear)	32 REGISTRAR'S SIGN	ATURE									
	OCT 26 1992 gulia	Wendon-Aging	ARC.									



THE OR MITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	AM. QHECTUR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	72 more are death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	If then 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
YSICIAN: The law require	s certificate has been sig	th the State Dept. of He	ed, or item 23 shows	
 INC. OR ATTENDING PH	PAL DIRECTOR: After this	72 Hours after death wi	If Item 28 is marke	

	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT O				ENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last))						T	2. DATE OF DEAT	Н		3. TIME OF DEATH
	Charles	Alexander		Dayto	n				10	19 19	YEAR	5:46 AM M
	4. SOCIAL SECURITY NUMBER 112-30-0585	1∭M 2 □ F	AGE (In yrs. lest		IF UNDER 1 YE MONTHS DA		IF UNDER 2 HOURS	MIN.	7. DATE OF BIFTTI- (Month, Dey, Yea May 4,	nr)	Count	PLACE (State or Foreign V) Luzerne, V York
~	Sa. FACILITY NAME (If not institution, give		+		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
DIRECTOR	Memorial Hospi	.tal at cas	con			Las	ton			1	alb	ot —————
REC	10a. STATE 10b. COUNT	TY		10c. CITY	TOWN OR L	OCATIO	ON					10d. INSIDE CITY LIMITS?
ō		oline		De	nton							1 - YES 2 X NO
RAL	10e. STREET AND NUMBER					101. 2	ZIP CODE	2.0	16			WHAT COUNTRY?
FUNERAL	280 Camp Road	12. WAS DECEDENT ET	VER IN U.S. AR	MED	13. WAS	DECE	216		ORIGIN? (Specif			States E - American Indian.
	1 Never Married 2 X Married	FORCES? 1	YES 2 N		If yo	s, spec	Hy Cuban.	, Mexican,	Puerto Rican, etc	y 106 Or 110—	14. HACI Black	k, White, etc.
D BY	3 Widowed 4 Divorced				1			ф,			V	White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	de completed)	(Gr	CEDENT'S U	USUAL OCCU ork done during retired.)	PATION g most	of working	7	16b. KIND OF	BUSINESS/IND	USTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		Clerg	_				Rei	ligion		
NO	17. FATHER'S NAME (First, Middle, Lest)				<i>J</i>	T	18. MOTH	ER'S NAME	E (First, Middle, Ma			
BE	Wilber Dayton								White			
0	19a. INFORMANT'S NAME (Type/Print)								ute Number, City or			22212
	Camilla Dayton L	искеу (рац						et, i				22042
1	20a. METHOD OF DISPOSITION 1 Burlel 2 (A Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Metropolitan Crematory 10/20 Alexandria, VA											
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE #M0069		/ PC	22. NAN	E AND	ADDRES	S OF FACIL	LITY		Liu	, AV
	Noward &	1 Cause	~		171	7 C1	urle	w Roa		n Harbo		FL 34683
	23. PART i. Enter the diseases, pr ahock, or heart failure.	complications that co. List only one cause	used the dea	ath. Do no	ot enter the	mode	e of dyin	ig, such	aa cardiac or r	espiratory arm	eat,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	<i>C</i> .	4			4		i				Onset and Death
	resulting in death) a											
z	ASCUDE cooperatular discuss											
OLI	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								13_	^	h	
CERTIFICATION	CAUSE (Disease or injury	c. DUE TO (OE	AS A CONSEQ	me	ssu	re		Lef	E m	trace	ace	17
RTIF	that initiated events resulting in death) LAST	506 10 15	AS A CONSEG	DENCE UP	P	0		V				
	To part to Galacia and all the same and all the	d,	an .	10	Va (
CAL	PART II. Other aignificant condition	one contributing to dea	ath but not re	ssuiting in	the under	lying	cause gi	iven in Pr		S AN AUTOPSY	24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDIC	Sharren -	melli	1112						_ 1 TYE	s 10 no		OMPLETION OF CAUSE OF DEATH?
	Parabia.	d nie	SIN SIN	1	100	= A	1		- 1			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		سامدري	T		6. PLA	CE OF DE	ATH (Check	k only one)			
YSIC	1 TES 2 THO	HOSPITAL:	VOutpatient 3		OTHER: 4 - Nursing	Home	5 🗆 Res	idence 6	Other (Specify)			
PH	27. MANNER OF DEATH 1. Natural 5 Pending	/ 28s. DATE OF INJ (Month, Day,)		28b. TIME INJU	JRY	. INJUR	K?		Red. DESCRIBE H	OW INJURY OCC	URED	
BY	2/ Accident Investigation		William At hou			☐ YE	S 2 🗌	-				
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	(Specify)	he, tarm, su	reet, factory,	office		2	City or Town, S		or Rural i	Route Number,
APLE		SICIAN: To the best of my										
00	()	tER: On the basis of exami	nation end/or is	rveitigation	i, in my opini			-		-		
BE	296. SIGNATURE AND TITLE OF CERTIFIE	10.1) +	1/1		1	29c. LICEN	WE NUMBER	ER	29d. DATE	SIGNED	(Morris, Disp. Year)
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE (F DEATH (ITER	4 277 (Type,)	Print) *	_	37-6	26	1000	100	10	19191
	ALBERT T.	DAN	KIN	5 _	ne		٤	150	W m	HOW LA	とり	21601
	31. DATE FILED (Month, Day, Year)	Fulla Day don-	CONSTURE CONTRACTOR						1	-	1	

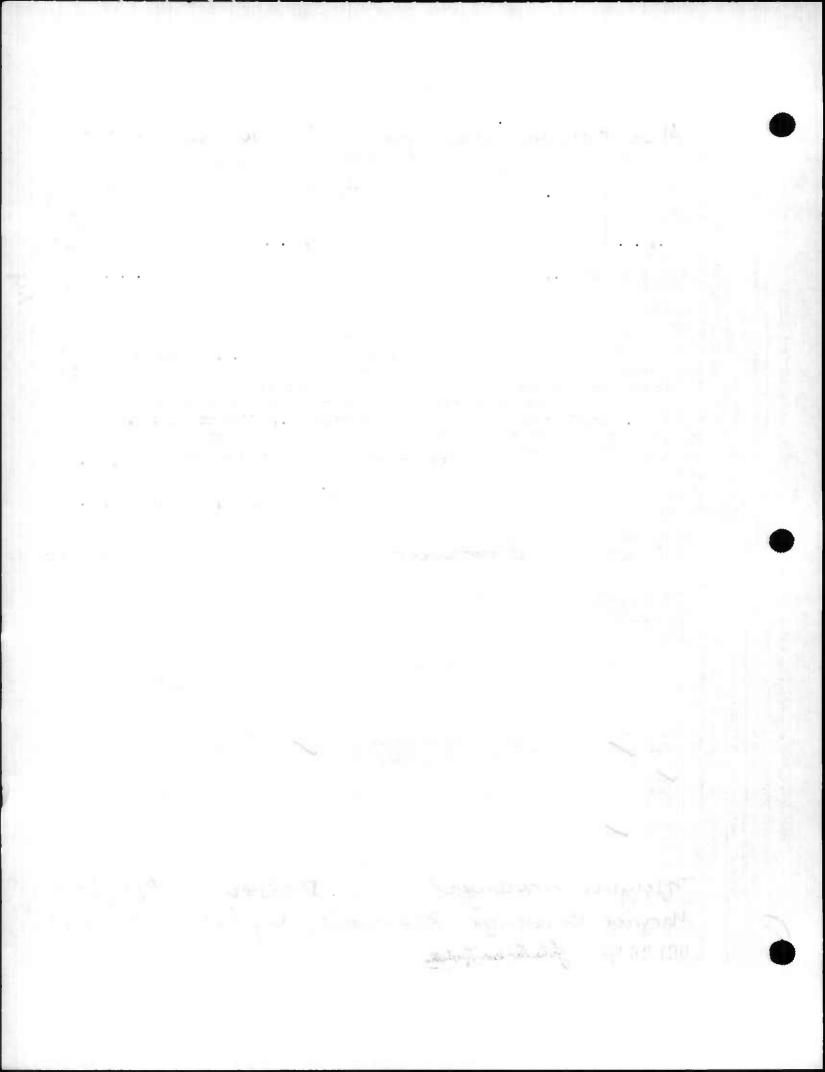


DIVISION OF VITAL RECORDS, P.O. BOX 68/60, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERGY MET this centricate has been signed by the state-foliage has been signed by the state and Memal Horizon for the hard control or memoral director, page 5 should be detached for use as the burnat-transit permit. Pages 1, 2, 3 should be a state burnat-transit permit. Pages 1, 2, 3 should be detached for use as the burnat-transit permit. Pages 1, 2, 3 should be detached for use as the burnat-transit permit.	De modernative to the many and work opposite the many regions and the modern to the mo
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	1 - STATE REGISTRAR	STATE OF M				OF H			IENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		EĮCHĘLB	ERGE	R		D L A		2. DATE OF DEATH MONTH DA	Y	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthow)	IF UNDER	1 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	1	a. BIRTN	IPLACE (State or Foreign
		1 🗆 M 2 🕞 🗜	67	YRS.	MONTHS	B DAYS HOURS MIN.			(Month, Day, Year) 8/16/25		Countr	hio
	9a. FACILITY NAME (If not institution, give str							ON OF DE	ATN	9c. COUN	VTY OF D	EATH
0 8	6234 Woodcrest Di	C .				EIII	COLL	City	y		How	ard
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY LIMITS?
5	Wash.,D.C.				Was	hing	ton,	D.C.		1 YES 2 NO		
BY FUNERAL	10e. STREET AND NUMBER				101.	ZIP CODI			10g. CITI		WHAT COUNTRY?	
N.	3003 Van Ness St.	IT EVER IN U.S. ARI	MED	13	WAS DEC	200		C ORIOIN? (Specify Yes	or No.	U.S	• A • E — American Indian,	
F	1 Never Married 2 Married	FORCES? 1	YES 2 TN	10		If yes, spe	cify Cuba		, Puarto Rican, etc.)	OI NO	Black	k, White, aic.
	3 Widowed 4 Divorced		III III VIII									White
E	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G/	Ve kind of Do NOT u	work done se retired.)	during mos	N st of workir	g	16b. KIND OF BUS	BINESS/IND	NUSTRY	
P.E	Elementary/Secondary (0-12)	College (1-4 or 8	*)	Tea	cher				D.C. Pu	blic	Sch	ools
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Teacher 17. FATHER'S NAME (First, Middle, Last) Norbert Kurz Hirshman 16. KIND OF BUSINESS/INDUSTRY D. C. Public School 18. MOTHER'S NAME (First, Middle, Maiden Surname) Anita Junek										44		
	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRES	S (Street a	nd Number	or Rural A	oute Number, City or Tow	n. State. Zio	Code)	
TO BI	James K. Eichelbe	erger		623	4 Wo	odcr	est :	Dr.,	Ellicott	City	, Md.	21043
16311	20s. METHOD OF DISPOSITION 1 Duriel 2X Cremation 3 Remo	oval from State	20b. PLACE of cemetary,	cremator	v or other	place)				CATION —	City or To	own, State
	of cemetary, crematory or other place) Metro Crematory 10/23/92 Catonsville, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											e, Md.
CAGIIIII	21. SIGNATURE OF FORENAL SERVICE BO	1 /1/=	1-0						E FUNERAL	HOME		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that instituted exercises or injury) Due to (or as a consequence of): Due to (or as a consequence of):											
ERT	that initiated events resulting in death) LAST	d										
	PART II. Other significant condition	s contributing to	death but not r	esulting	in the u	nderiyin	g cause	given in I			240	D. WERE AUTOPSY FINDINGS
2									PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: ME												1 - YES 2 - NO
AN:	25. WAS CASE REFERRED TO MEDICAL											
YSICI,	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DO A	OTHE	R:	-		6 Other (Specify)			
	27. MANNER OF DEATH	26a. DATE O		28b. TII		26c. INJ		alounce	28d. DESCRIBE NOW	NJURY OC	CUREO	
BY PH	1 Netural 6 Pending 2 Accident Investigation				М	1 🗆	YES 2 [NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE 6 building	OF INJURY — At he i, etc. (Specify)	me, farm,	street, fac	ctory, offic	•		261. LOCATION (Street City or Town, State,		r or Rural	Route Number,
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	rf my knowledge, de	eth occur	red at the	time, date	and place	, end due	to the cause(a) and ma	nner aa ste	ted.	
OM	one) 2 MEDICAL EXAMINE	R: On the besis of	examination and/or	Investigat	lon, In my	opinion, d	leath occu	red at the	time, date and place, as	nd due to th	he cause(a) and manner as stated.
BE	29b. SIONATURE AND TITLE OF CERTIFIER MARYONE	ickell	eiger				29c. LIC	H2	146	29d. DAT	E BIGNE	0 (Month, Day, Year) 23/92
10	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAN	USE OF DEATH (ITE	M 27) (Typ	e, Print)			0	0		,	
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	OE	Uni	vers	ity	Pku	y Baltin	More	, M	D 21218
	OCT 26 1992 9	who Devids	- Borde Bo						*			

July Dundson - Agril M.





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THE MISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

WERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should make the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	Harry	Fre	y					Oct. 20, 1992			2:04 PM		
	4. SOCIAL SECURITY NUM	BEA	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		AR IF UNDER 24 HRS.		7. DATE OF BIRTN		8. BIRTHPI ACE (State or Forming	
	217-03-03	60	14 M 2 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Ybar) 11-18-1	5	Count	id.
	9e. FACILITY NAME (If not in	natitution, give a	reet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE			INTY OF C	
DIRECTOR	Overlea G	arden	s Nursi	ng Cen	ter	r Baltimore							
EC	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN C	R LOCAT	TION					10d. INSIDE CITY
	Md.			Dundalk							10d. INSIDE CITY LIMITS? 1 YES 2 NO		
AL	10a. STREET AND NUMBER		timore		10f. ZIP CODE					10g. CIT	IZEN OF V	WHAT COUNTRY?	
FUNERAL	1816 Bel:	le A	venue					2	122	2	ī	J. S	. A.
5	11. MARITAL STATUS		12. WAS DECEDED	T EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT O	F NISPAN	IC DRIGIN? (Specify Yes	or No-		E — American Indian, k, White, etc.
ВУ	1 Never Married 2 00 3 Wildowed 4 Divo			MAR OR DATES			YES	2 NO	Specify	n, Puerto Rican, etc.)		Spec	Mv-
	15. DEC	EDENT'S EDUC	CATION	15a DE	CEDENT'S	Hellal or	20110471			Toronto de la companya del companya del companya de la companya de			hite
COMPLETED	(Specify online Elementary/Secondary (0	y highest grade	completed)	(G/		vork done o		st of working	g	16b. KIND OF BUS	INESS/IN	DUSTRY	
립	7TH	F-12)	College (1-4 or 5	*'	Eng	ine	er			1	Rail	.roa	d
ON I	17. FATNER'S NAME (First, M	liddle, Last)						18. MOTH	ER'S NAI	ME (First, Middle, Maiden		.1 04	· ·
BE C	James							rtha	,				
10 B	190. INFORMANT'S NAME (7	ype/Print)		196	. MAILING	ADDRESS	(Street e	nd Number	or Rural R	loute Number, City or Town	, Statu, Zij	n Code)	
F	190. INFORMANT'S NAME (Type/Print) 190b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1816 Belle Avenue Balto. Nid. 21222												
	20e. METHOD OF DISPOSITI	ION on 3 🗆 Remo	rval from State	20b. PLACE A	ND DATE	P DISPOS	ITION (Na	me of		OATE 20c. LO	CATION -	City or To	own, State
4 Donation 5 Other (Specify) Oak Lawn Cemetery 10/23											Balto. Md.		
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	10				ADDRES			**	e n	undalle
	Loc	t (onn	elly	1	7	110	Sol	ler	neral Hons Point I	Road	ון דו	21222
	23. PART I. Enter the di	iseeses, or c	omplications the	t caused the de	ath. Do n	ot enter	the mo	de of dyi	ng, such	ss cardisc or reepi	atory en	rest,	Approximats
	shock, or heart fallure. Liet only one cause on each line. IMMEDIATE CAUSE (Final Onset and Deeth												
	resulting in death) . Trobally My Cadua Water												
	DUE TO (OR AS A CONSEDUENCE OF);												
S I	Sequentielly list conditions, Due to ice as a consequence of												
CERTIFICATION	If any, leading to immediate couse. Enter UNDERLYING												
띮	CAUSE (Disease or Inju	ry 🥻 "	DUE TO	OR AS A CONSEC	UENCE OF):							1
	resulting in death) LAS	т [1 1
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part t. New WAS AN AUTOPSY FINDINGS												
MEDICAL	514	201011011	LO.	death but not re	euiting i	n the un	cause g	iven in I	Part I. 24s. WAS AN A PERFORE	t. 24s. WAS AN AUTOPSY 24b.		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
		14WK	7-60							T YES 2	1/10	ì	OF DEATH?
										- '	1		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					24 PI	ACE OF O	ATH (Cha	ck only one)			
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	I DOA	OPTIER	tr						
È	27 MANNER OF DEATH		28e. DATE DF	INJURY	28b. TIME	OF	28c. INJ	JRY AT	Hoence 1	B Other (Specify) 28d, DESCRIBE NOW IN	JURY OC	CURED	
BY P	6	Pending investigation	(Month, D	my, Year)	INJ	URY M		RK7 ES 2	NO				
	2 Devlotes	Could not be	26a, PLACE O	F INJURY At honetc. (Specify)	ne, ferm, s	treet, facto	ory, office			28f. LOCATION (Street or	nd Number	or Rural R	loute Number,
		determined	bulliany,	etc. (Specify)						City or Town, State)			
	29e. CERTIFIER CERT	IFYING PHYSIC	AN: To the best of	my knowledge, dea	th occurre	d at the tir	me, date	end place.	end due t	to the cause(e) end ment	or an elet	ad	
COMPLET										lms, date and place, end) end manner es stated.
U I	29b. SIGNATURE AND TITLE							29c. LICE					(Month, Dgy, Year)
0		1						13	29	29	•	M	72/92
-	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS	E OF DEATH (ITEM	27) (100,	Print)		100	7	1000	6	4	
	170	0) ler b	rul	JU	M	2	101	7	robust	W	10	21204
	31. BATE FILED (Month, Day, 1	To ,		R'S SIGNATURE									
		1 19	ulia Davido	n-pandall									

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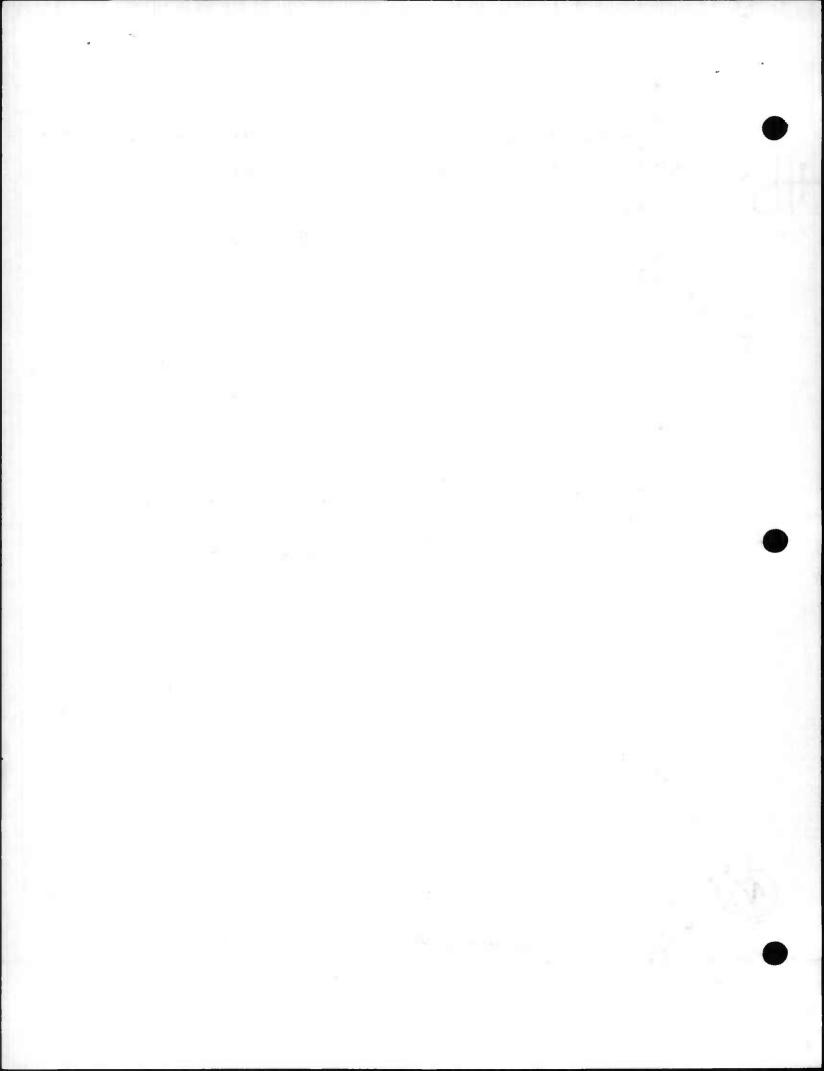
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VISION OF VITAL RECORDS, P.O. BOX 68760	Mary Darbon Charles for the contract that the death or the contract to the contract of the con
NO O	JO WINNIE
VIS.	i

	3	1. DECEDENT'S NAME (First, Middle, Last) NANCY FO	OLAZ FOLTZ		OATE OF DEATH	92	3. TIME OF DEATH						
pinc		4. SOCIAL SECURITY NUMBER 2/4-22-000/ 1 m 2 VF C9 9a. FACILITY NAME (If not institution, give street and number)	YRS. MONTHS DAYS	HOURS MIN.	ATE OF BIRTH Month, Day, Year) 2-19-	22 Kei	ntucky						
2, 3 should	стоя	Stella Maris Hospice	96. CITY, TOWN OF TOWSON	R LOCATION OF DEATH		ec. county of DEATH Baltimore							
Pages 1,	DIREC	10a. STATE 10b. COUNTY Maryland na	Baltimore		untic Day	.\	10d. INSIDE CITY LIMITS?						
sit permit.		104 STREET AND NUMBER 4328 Fairhaven Avenue,		ZIP CODE 2122	urtis Bay	10g. CITIZEN OF V							
ending physician. as the burial-transit permit. Pages 1, 2,	TO BE COMPLETED BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married PORCES? 1 VES 29	7	ENDENT OF HISPANIC OF	RIGIN? (Specify Yes	or No- 14. RACI	E — American Indian, k, White, etc.						
attending p		3 MWIdowed 4 Divorced IF YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION 16.0.	1 - YES	2XXNO Specify:		Speci	White						
spital or led for u		Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade	(Give kind of work done during mos life. Do NOT use retired.) Homemaker		Housewife and Mother								
od by the house and at once.		17. FATHER'S NAME (First, Middle, Last) Jesse Moor		Belle L		Mod	ore						
y be retained by lage 5 should be be notified at		Mr. Carl D. Foltz	4328 Fairh				21226						
Page 6 may director, pa ner must b		1)() Burlal 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) Ced	crematory or other place) ar Hill Cemete	ery 10/2	26 Balt	ation - city or to							
oeath. e funera al. examin		21. SIGNATURE OF FUNERAL BERVICE LICENSEST Kevin E.	Colcora 22 NAME AN	y Funeral Patapsco	,								
ompletely filled in tall cremation, or re-	N	immediate cause (Final disease or condition resulting in death) a. SMALL C DUE TO (OR AS A CONS	interval Between Onset and Death SMALL CELL LUNG CANCER Due to (or as a consequence of): Sequentially list conditions, DIE TO (or as a consequence of):										
un ceruncate be ending physician I Hygiene prior to or other traur	CERTIFICATION	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
requires that the een signed by the of Health and M shows any inju	MEDICAL	PART ii. Other significant conditions contributing to death but no	t resulting in the underlying	cause given in Part	I. 24a. WAS AN A PERFORM	MED?	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
this certificate has been with the State Dept. or with the State Dept. or them 23 sh	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpellent 3 DOA 4 Nursing Home 5 Residence 6 Wether (Specify) HOSPICE											
The this certified with the marked, or	у РНҮ	27. MANNER OF DEATN 1 Netural 5 Pending (Month, Dey, Year) 2 Accident Investigation	28b. TIME OF 28c. INJU	RY AT 28d	d. DESCRIBE HOW INJURY OCCURED								
OH ALLENOIMU DIRECTOR: After hours after death from 28 fs ma	TED B		home, farm, street, factory, office	28f.	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)								
PLOST IN LUN FUNERAL DIRE WITHIN 72 hours TANT: If Item	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the bast of my knowledge, one) 2 MEDICAL EXAMINER: On the basic of examination end/a	death occurred at the fime, date of investigation, in my opinion, de	and place, and due to the	e cause(e) and mann date and place, and	er se stated, due to the cause(e	and manner ee stated.						
IMPORT	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER CLEYA 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	ade 10	29c. LICENSE NUMBER D 27087		29d. DATE SIGNED	(Month, Day, Year) 22-92						
		Carla S. Alexander, M.D Ste	lla Maris Hosp	oice-Dulane	ey Valley	RdTow	vson 21204						
		OCT 2 6 1992 Julia Day John Day											



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+IDPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlar-train	thin 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	TMNT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once:

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

sit permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

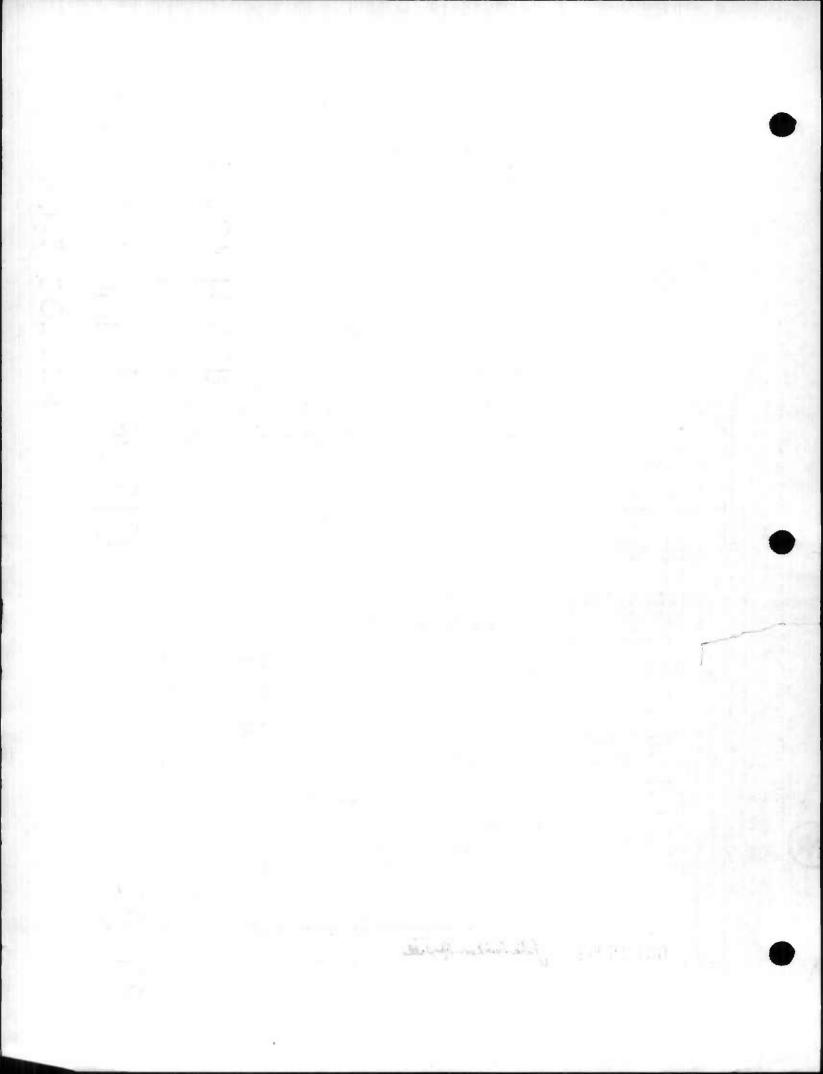
60.0	1. DECEDENT'S NAME (First	, Middle, Last)	•							2. DATE OF				3. TIME OF DEATH	
34	LISA N I	FARLEY									ER 2	992	3:46 P M		
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	1 YEAR	IF UNDE	24 HPIS.	7. DATE OF E	HTRE	1	8. BIRTH	IPLACE (State or Foreign	
	229-41-3653		1 🗌 M 2 💢 F	10	YRS.	MONTHS	DAYS	HOURS	BON.	DEC. 0	y. Year) 9 . 198	31	HAF	RRISONBURG	
1.5	Sa. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY	, TOWN	OWN OR LOCATION OF DEATH							
8	THE JOHNS HO	PKINS	HOSPITA	L		BA	LTIM	ORE	CITY			BAL	TIMO	RE	
5	RESIDENCE OF DEC	10b. COUNT	v		Lucian										
DIRECTOR	VIRGINIA	250.000	CKINGHAM			TY, TOWN (TION			10d. INSIDE CITY LIMITS?				
	10a, STREET AND NUMBER	KU	KINGRAM			DAYTO		1. ZIP COD				40 - 0171	7511 65 1	1 TYES AT NO	
FUNERAL							1.0		_						
Ž	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	22821 IN U.S. ARMED 13. WAS DECENDENT OF HISPAN					HC OBIGINS (S	pacify Van		U.S.	E — American Indian,	
	1 Never Married 2		FORCES? 1	MAR OR DATES	2 NO If yes, specify Cuban, Me					n, Puerto Ricar	1, etc.)		Black Speci	k, White, etc.	
BY	3 Widowed 4 Dive	rced						22.10	Бреску				орисл	WHITE	
H	15. DEC (Specify onl)	EDENT'S EDU y highest grade	CATION completed)	16a.	(Give kind of	Work done	CCUPATI	ON ost of worki	na	16b. KIN	O OF BUS	INESS/INC	USTRY		
COMPLETED	Elementary/Secondary (C	1-12)	College (1-4 or 5	+)											
M	4th GRADE				STUDI	ENT									
	DONALD W.		7							ME (First, Middl		Surname)			
8	190. INFORMANT'S NAME (105 BEAR DAY	400050	D /Day - 1	_		SNODGI		100 1			
2	DONALD W.		7V	1						IRGINIA			(Code)		
	20a. METHOD OF DISPOSIT	ION		20b.PLA								2821	City or To	wn Stele	
	1X Buriel 2 Crematic 4 Donation 5 Other	(Specify)	oval from State	Cemetery	CE AND DATE	THOD T	£40	VER _C I	HILL MET'E	ERY				COUNTY	
	21. SIGNATURE OF FUNE	SERVICE LI	CENSEL /	14	f.	22.	NAME A	ND ADDRE	SS OF FA	CILITY			IIIIII	COUNTI	
			-//	SMI)					AL HOME		_			
	23. PART i. Enter the d	Seases or	complication the	I caused the	death Do	41	0/ 1	WILKE	ENS A	VENUE-	-BALT	IMOR	E, M	D. 21229	
	snock, or n	eart fallure.	List only one cau	use on each i	ine.	not enter	tire inc	or or dy	my, suc	i aa cardiac	or respir	atory arr	est,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fir disease or condition	al	(0 .		d.								Onset and Death	
	resulting In death)	7	DUE TO	OCI O IN	SEQUENCE O	EUL	4							amo	
2	Sequentially list conditions, a. Cardio Justof ather DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 1/ YOUR TO COMPANY OF THE PROPERTY O												11140		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate b. Coto defined by 5 place a DUE TO (or AS A CONSEQUENCE OF):											413			
2	CAUSE (Disease or inju		с.												
불	that initiated events resulting in death) LAS	,	DUE TO	(OR AS A CON	SEQUENCE O	F):									
5			d												
	PART II. Other algnifica	nt condition	a contributing to	death but no	ot resulting	In the ur	derlyin	g cause :	given in	Part i. 24s	. WAS AN		24b.	WERE AUTOPSY FINDINGS	
WEDICAL										16	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Ä														1 YES 2 NO	
ż															
S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					LACE OF D	EATH (Ch	ock only one)					
PHYSICIAN:	1 TYES 2 NO		1 Nonpatient 2	☐ ER/Outpetient	3 🗆 DOA	4 - Nur		ne 5 🗆 Re	esidence	6 Other (Sp	ecity)				
표	27. MANNER OF DEATH	Pending	26s. DATE OF (Month, D	Pay, Ybar)	28b. TIN	JURY		DRK?		28d. DESCRI	BE HOW IN	JURY OCC	CURED		
B	2 Accident	Investigation				M		YES 2	NO						
8		Could not be	28e. PLACE C building,	of INJURY — At etc. (Specify)	home, farm,	atreet, fact	ory, offic			281. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural R	Route Number,	
COMPLETED	29a. CERTIFIER														
를	(Check only		CIAN: To the best of												
8				xemination and/	or investigation	on, In my c	pinion, c	leath occu	red at the	time, data and	place, and	d due to th	ie cause(s) and menner as stated.	
BE	296. SIGNATURE AND TITLE	aff	- ME	0				29c. LIC	ENSE NUN	IBER		29d. DATI	E SIGNED	(Month, Day, Year)	
임	30. NAME AND ADDRESS OF	P	O COMPLETED CAU	SE OF DEATH (14			1 4 4		B	al to	·MD ·	
	NA Sha		MI	84		ulch	e d		71	4 170	350			01287.	
	31. DATE FILED (Month, Day,		32 REGISTR	M'S SIGNATURY	Pandelle										
	00120	1336	10	- A	<u> </u>										

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	500						36	29520
	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF HEALTH		AL HYGIENE REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	ANN BROW	N FRASER		2. DA	TE OF DEATH	y y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	D- LIM	761-			10-2	3-9	2 430A M
	705-05-3340	1 □ M 2 🂢 F	SE (In yrs. last birthday) 86 YRS.	MONTHS DAYS HOURS	Menol.	TE OF BIRTH Poth, Day, Year) L-04-19(BIRTHPLACE (State or Foreign Country) aryland
TOR	9a. FACILITY NAME (If not institution, give str	HOSpit	LAL.	Towson	TION OF DEATH	,	BALL BALL	OF DEATH TIMORE
DIRECTOR	10e. STATE 10b. COUNTY Maryland		127	, town on Location				10d. INSIDE CITY VENTS? 1 YES 2 NO
AL	10e. STREET AND NUMBER			10f, ZIP COI	DE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	5908 Meadowood R			2	1212		U	S.A.
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 YE	ES 2 NO	13. WAS DECENDENT If yes, specify Cub	en, Mexican, Puer	GIN? (Specify Yes to Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.
BY	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OF	DATES	1 TYES 2 TO NO	Specify:			White
TED	15. DECEDENT'S EDUC. (Specify only highest grade of	ompleted)	16a. DECEDENT'S (Give kind of w We. Do NOT us	USUAL OCCUPATION work done during most of work e retired.)	ing	166. KIND OF BUS	INESS/INDUS	TRY
COMPLET	Elementary/Secondary (0-12)	2 years	Executiv	e Secretary		Hospi	tal	
6 ш	17. FATHER'S NAME (First, Middle, Last) Thomas M. Brot	wn			ther's name (First Anna Lou			
TO B	Mrs. Ellen Smith			ADDRESS (Street and Number				
	20g, METHOD OF DISPOSITION			Lawrence				Delaware
	1 M Burlal 2 Cremation 3 Remo	vel from State	Druid R	her place) idge Cemete	ry 10-		-	le, Maryland
	21. SIGNATURE OF TUNERAL SERVICE USE George J.	-evas		22. NAME AND ADDR	ESS OF FACILITY	6500 Yo		. Balto. MD 21212
	23. PART I. Enter the diseases, or co		sed the death. Do n	Mitchell-			retory armst	
	shock, or heart failure. L IMMEDIATE CAUSE (Final	ist only one cause or	each line.					Intarval Between Onset and Death
	disease or condition resulting in death)			ARTERY "	DISEA	<i>E</i>		
Z	-	DUE TO (OR A	S A CONSEQUENCE OF	7):				
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (DR A	S A CONSEQUENCE OF) :				
FIC.	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF					
ERTI	resulting in death) LAST							
	PART II. Other significant conditions	contributing to death	but not resulting i	n the underlying cause	given in Part I.	24a. WAS AN /	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL						PERFORI	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
ME								OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							
SICI	EXAMINER?	HOSPITAL:	utpetient 3 DOA	OTHER:	DEATH (Check only			
黃	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Yea	Y 28b. TIM	E OF 28c. INJURY AT		ESCRIBE HOW IN	JURY OCCUR	EO
BY	1 Netural 5 Pending 2 Accident Investigation			M 1 TES 2				
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S	IRY — At home, farm, a pecify)	treet, factory, office	28f. L	OCATION (Street as ity or Town, State)	nd Number or i	Rural Route Number,
COMPLET				ed at the time, data and placen, in my opinion, death occur				nuse(s) and manner as stated.
	201 01011477177 4410 777 7 07 07 07	1-2			ENSE NUMBER	262	29d. DATE SI	GNED (Month, Day, Year)
96	296. SIGNATURE AND TITLE OF CERTIFIER	Choo	FRAME	SKHOO	0 3/12	263 1		0-23-92
w l	30. NAME AND ADDRESS OF PERSON WHO FLANCIS KHO			Print) HOS	DIOTAL	,		0-23-92
98	30. NAME AND ADDRESS OF PERSON WHO		JUSEP	Print)	DBOTAL			0-23-92

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physical property of the prop	De lied within 72 hours diet dedut with the State Debt. Or negati and memai hypere p IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other

	1 - STATE REGISTRAR		STATE OF M					DEAT		MENTA	HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, MARTON	liddle, Last)	FOUR	NTE	R					2. DATE MONT	OF DEATH	6-9	YEAR 3.	TIME OF DEATH Q:10 A M
	4. SOCIAL SECURITY NUMBER 579 24 3794		5. SEX	6. AGE (In yrs. last 94	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH	897		ACE (State or Foreign
OR	90. FACILITY NAME (If not instit Suburban Ho	_						n LOCATIO	ON OF DE	ATH			ntgo	omery
ECT	RESIDENCE OF DECE	,		10c. CIT	Y, TOWN	OR LOCAT	TION			7		10	id. INSIDE CITY	
DIR	Maryland	Mont	gomery		Ro	ckv.	ille	3					_ 1	LIMITS?
FUNERAL DIRECTOR	100. STREET AND NUMBER 6121 Montro				101	208	_		170	USA	EN OF WHA	AT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 Divorce	EVER IN U.S. ARIA YES 2 NO AR OR DATES	MED O		If yes, sp		n, Mexica	n, Puerto	I? (Specify Ye Rican, etc.)	<	14. RACE — Black, W Specify: Vhite	American Indian, Vhita, etc.		
COMPLETED	(Specify only h	2)	CATION completed) College (1-4 or 5+)	(Gh	ve kind of Do NOT u		during mo	ON ast of working	ng		KIND OF BU			
COMP	Unknowi 17. FATHER'S NAME (First, Midde Unavailable	dle, Last)		CTE	rk/	Тур	IST				rivate Middle, Melden		cins	
TO BE	199. INFORMANT'S NAME (Type N. Paul Bei	e/Print)		196	MAILING	GEO:	s (Street i	and Number	r or Rural I	Poute Num	ber, City or Tow	on, State, Zip	code)	MD20910
	20a. METHOD OF DISPOSITION 1 A Burlai 2 Cremation 4 Donation 5 Other (S	3 🗌 Reme	oval from State	20b. PLACE	AND DAT	E OF DISI	POSITION	(Name		DAT	E 20c, LC	OCATION — C	Ity or Town	
	21. SIGNATURE OF FUNERAL		CENSEE					ND ADDRE				1		7.71
	* such	lam	roupy	/							n er a			
NC	23. PART 1. Enter the dis- shock, or has iMMEDIATE CAUSE (Final disease or condition resulting in death)	art fellure.	List only one cause		OUENCE (OF):							V.	Approximats Intarval Batween Onset and Death
CERTIFICATION	if eny, leading to immedicause, Entar UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ste G	c A	OR AS A CONSEC	R	ENA		FAIL						
CAL	PART II. Other significant	t condition	s contributing to	dasth but not n	esuiting	in the u	nderiyin	g cause	given in	Part i.	24a. WAS AI PERFO 1 YES	RMED?	A	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
N: MED													1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			ОТНЕ		LACE OF D	DEATH (Ch	eck only o	ne)			
HYS	1 YES 2 NO		1 Senpatient 2 28a. DATE OF		DOA 28b. TI	-		ne 5 □ R	asidence	_	or (Specify) SCRIBE HOW	INJURY OCC	URED	
BY PI	1 Natural 5 P	ending rvestigation	(Month, De	ly. Year)	11	M	W	YES 2 [_ NO					
		ould not be etermined	28e. PLACE Of building,	F INJURY — At horetc. (Specify)	me, ferm	street, fa	ctory, offi	e e		281, LOI City	CATION (Street or Town, State	and Number b)	or Rural Rou	rte Number,
COMPLETED	CONSUM DINY		ICIAN: To the best of ER: On the besis of an											and menner sa stated.
BE	29b. SIGNATURE AND TITLE O	Compe		7 BAK	KSH	1, 7	· D	29c. LIC	ENSE NU	MBER 127		29d, DAT	E SIGNED (A	fonth, Day, Year)
5	30. NAME AND ADDRESS OF			SE OF DEATH (ITE		e, Print)	١.,	Bei	luci	la	Mſ) 2	081	
	31. DATE FICEO (Month, Day, Va	par)		A'S SIGNATURE										



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MARYLAND 21215-0020	or attending
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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9	this certificate has been signed by the attending physician and	ath with the State Dept. of Health and Mental Hy	
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THE MILENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	QR.	ě	-
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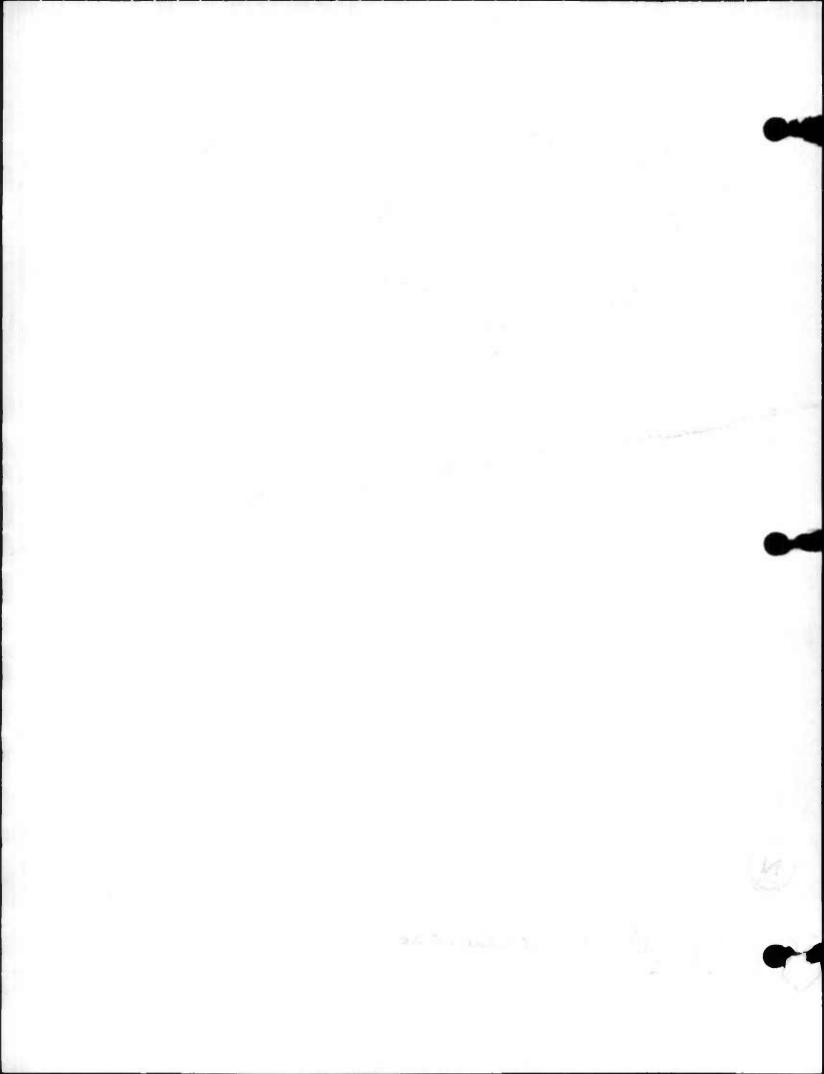
	1. DECEDENT'S NAME (First, Middle, Las	it)				DEATH		REG. NO.			3. TIME OF DEATH	
	HAZEL	B. GRA	GRADY					TOBER 24,1992			7:30 A	
	4. SOCIAL SECURITY NUMBER				UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)				IPLACE (State or Foreign	
	249-05-5282	1 🗆 M 2 🔀 F	THE DAYS	HOURS MIN.		IL 5,19	13		UTH CAROL			
	9a. FACILITY NAME (If not institution, giv	· ·		96.	CITY, TOWN	OR LOCATION OF E	DEATH		9c. COU	NTY OF D		
OR	1111 KENT AVENU	E			CATON	SVILLE			BA	ALTIN	MORE	
ECT	10e. STATE 10b. COU	TY		10c. CITY, TO	WN OR LOCA	TION					10d. INSIDE CITY	
DIR	MARYLAND BA	ALTIMORE			CATON	SVILLE					LIMITS?	
	10e. STREET AND NUMBER					1. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?	
FUNERAL	1111 KENT AVEN	JE				21228						
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13. WAS DEC	CENDENT OF HISPA	NIC ORIG	IN? (Specify Yes	or No	14. RACE	E — American Indian, k, Whits, etc.	
ВУ Б	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	TYES 2 THE	NO		ecity Cuban, Mexic 3 2 X NO Spec		o Rican, etc.)		Speci		
ED B											WHITE	
ETE	15. DECEDENT'S E (Specify only highest gra	ide completed)	(G	ECEDENT'S USU Silve kind of work I. Do NOT use ret	done during me		1	Bb. KIND OF BUS	SINESS/INC	DUSTRY		
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COMPL	17. FATHER'S NAME (First, Middle, Last)		PI	RODUCTI	ON WOL	18. MOTHER'S N	AME /Elect		PERS	COM	PANY	
Ü	WILLIAM NE	EI.Y					,					
TO B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING ADD	ELLIE DILLINGHAM NG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
2	MR. CALVIN GRA	ADY		1 KENT AVENUE - BALTIMORE, MD. 21229								
	20s. METHOD OF DISPOSITION			AND DATE OF DI	EOF DISPOSITION (Name of DATE 29c. LOCATION — City or Town, State							
	1 XBurial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	cemetery, cre	WN CEM	CEMETERY 10/27 BALTIMORE							
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	//		22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC.							
			//		TITTO TO A	NO ADDRESS OF F	ACILITY		_			
	1 22 21	Must			HUBBA	RD FUNER	AL H)E)	m 01000	
	23. PART I. Enter the diseases, of	r complications that	t caused the de	eath. Do not e	HUBBA 4107	RD FUNER WILKENS	AL H	UE-BALT	TIMOF	RE, M	1D. 21229	
	23. PART I. Enter the diseases, o shock, or heart failur	r complications that b. List only one cau	t caused the de	eath. Do not e	HUBBA 4107	RD FUNER WILKENS	AL H	UE-BALT	TIMOF	RE, M	Approximata Interval Betw	
	immediate cause (final disease or condition	e. List only one cau	se on each line	0.	HUBBA 4107	RD FUNER WILKENS	AL H	UE-BALT	TIMOF	RE, M	Approximata Interval Betw	
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GRAHAM, JR. - 299 FREDERICK ROAD - BALTIMORE, MD. 21228



DR.

CHARLES R.



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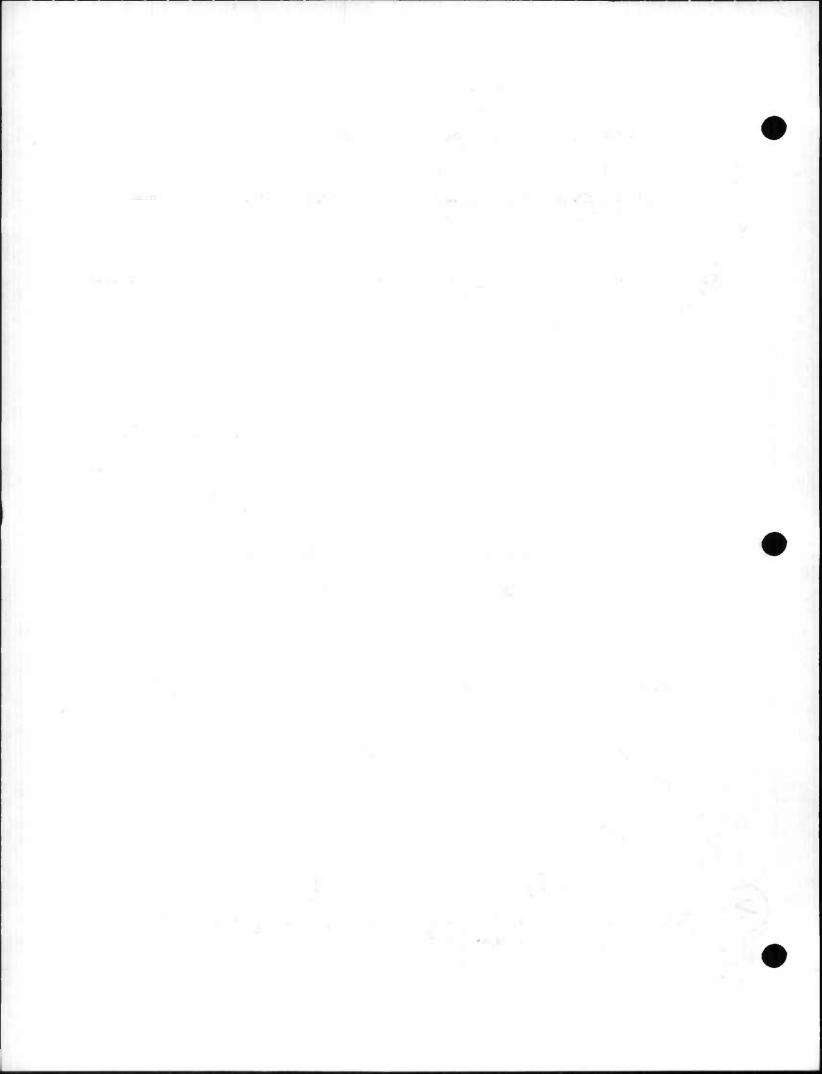
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HIGH TRAND 21215-0020

TO THE HIGH TRAND RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the hineral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should the property and the property of Health and Marrial Herinean Principle Indian Principle BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAN) /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
	CI	ERTIFICATE	O	F DEAT	TH		BEG	NO

	1. DECEDENT'S NAME (First, M	Iddle, Last)							2. DATE OF D				TIME OF DEATH
	Beatrice		Flo	rence		Grube	ידו		1 ()	DAY O 1		YEAR	
	4. SOCIAL SECURITY NUMBER	1	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE OF BI		Т	-	1:35 A.M
	219 22 4671		1 🗆 M 2 😡 F	76	YRS.	MONTHS D	AYB	HOURS MIN.	(Month, Day,			Country)	
	9a. FACILITY NAME (If not instit	tution, give s	street and number)	/0		9b. CITY, TOWN OR LOCATION OF DEATH				16	ec COUN	ITY OF DEA	<u>Virginia</u>
S.	Good Samari	tan	Nursing (Center	r Baltimore C								
DIRECTOR	RESIDENCE OF DECE	DENT											
H.		Ob. COUNTY	Υ		10c, CIT	Y, TOWN OR L						10	INSIDE CITY
	Md.					В	alt	imore C	ity			1	YES 2 NO
FUNERAL	104. STREET AND NUMBER				21239 101. ZIP CODE						10g. CITIZ	ZEN OF WHA	AT COUNTRY?
Ü	1601 E. Bel	veder	e Ave.	Baltime	ore Mo			21239		- 1		U.S.A	
٦	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.				NDENT OF HISPAN city Cuban, Mexica			r No-	14. RACE -	American Indian, Yhite, etc.
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1 4					home	maker							
at once.	17. FATHER'S NAME (First, Midd	No, Last)						18. MOTHER'S NA	ME (First, Middle,	Meiden Si	umame)		
Til 111	Emory O'Donnell							Anna	Justic	0			
iffed B	19a, INFORMANT'S NAME (Type				19b. MAJLING	ADDRESS (S	reat er	d Number or Rural i		_	State, Zip	Code)	
TO TO	John Grute	r		İ	533	1 Pats	ria	k Henry	Dw Do	1 + i m.	0.110	MA 0	1005
2	20a. METHOD OF DISPOSITION				CEANDDATE	OF DISPOSITIO						City or Town	
Sam I	1 Donation 5 Other (S)		oval from State		crematory or o					D - 1			01000
je i	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Raifimore Md. 21229 22. NAME AND ADDRESS OF FACILITY												
medicei examiner must be notified	Vanna M Zramiouski Hool Ritchie Hwy. Baltimore Md. 21225												
9	23. PART I. Enter the dise	asea. Dr.	complications the	nt caused the	death Do	not enter the	Ral	timore N	1d 21	225	1000		Approximate
9	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death												
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	resulting In death) - a Carclus pulmonary Anast												
traumatic event,	disease or condition resulting in death) Carcio pulmonary Arest OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate Due to (OR AS A CONSEQUENCE OF):												
her traumatic FICATION	Sequentially list conditions, but to (OR AS A CONSEQUENCE OF).												
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일일					4						YES 2 NO		
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m 23	25. WAS CASE REFERRED TO A	MEDICAL					26. PL	ACE OF DEATH (Ch	eck only one)				
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HYS	27. MANNER OF DEATH		28a. DATE OF		28b. TIM	E OF 28	c. INJL	IRY AT	28d. DESCRIB		IURY OCC	URED	
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E 0	a Destate	uld not be	26e. PLACE D	F INJURY — At	home, ferm,	street, factory,	office		26f. LOCATION	(Street an	d Number	or Rural Rou	te Number,
28		ermined	building,	etc. (Specify)				_	City or Tow	n, State)			
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= 5	anal .												nd manner as stated.
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PORTANT: BE CO	296. SIGNATURE AND TITLE OF	CERTIFIE						PARTICENSE NUM	MBER		29d. DATE	SIGNED (M	ionth, Day, Year)
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)	30. NAME AND ADDRESS OF P	ENSON WH	COMPLETED CAU	SE OF DEATH (F	TEM 27) (Type	, Print)	-	11	0.1.	511	1 1		
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ें	Thomas S 31. DATE FILED (MONTH), Day, You OCT 2. 6 1992	er) V	4. 32 BEGISTO	HIS/No.	6			41 11- 5		-	-	1 1 1	anch -



1992

3. TIME OF OEATH

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5:20

2. DATE OF OEATH DAY OCTOBER 23,

FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

GLEN GREGORY)

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CTOR	RESIDENCE OF DECEDENT		LIAL		DAL	TIMORE,	, 611	1			
DIRE	10a. STATE 10b. COU	NTY		10c. CITY, TO	e-militaria						d. INSIDE CITY LIMITS?
AL	MARYLAND 100. STREET AND NUMBER			DAL	TIMOR	10f. ZIP CODE			10g. CITIZ		T COUNTRY?
8	519 N. Denison					21229				USA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEMENT EN FORCES? 1 I	YES 2X		If yes		Mexican, Pr	ORIGIN? (Specify Yeuerto Rican, etc.)	s or No—	Black, W	American Indian, Thite, etc.
ETED	15. OECEDENT'S E (Specify only highest gr		(G)	CEDENT'S USU ive kind of work Do NOT use ret	done durino	ATION most of working		16b. KIND OF BU	SINESS/INDU	STRY	
1PLE	Elementery/Secondary (0-12) GED	College (1-4 or 5+)		usto	_			Jani	tor		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Thomas Gregory 18. MOTHER'S NAME (First, Middle, Maiden Surname) Myda Hebron										
10	196. INFORMANT'S NAME (Type/Print) Myda Gregory		198	519 N	ness (Stre	enison	Rural Route St.	Number, City or Tow Balto	m, Stere, Zip C	Code)	.229
	30s, METHOD OF DISPOSITION 1 But 2 Cremation 3 R 4 Document 5 Other (Specify)			MD DATE OF DI	ar			.0/27	Balto		
	21. SHEMATURE OF FUNERAL SERVICE	a. March	ton		170	l Lau	rens	on & So St. B	alto.		1,21217
	23. PART 7. Enter the diseases, Dr complications that coused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, ahock, Dr heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										Approximata Interval Betwee Onset and Deat Sayeral
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in desth) LAST ACQUIRED IMMUNODEFICIENCY SYNDROME DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									4 years	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

GREGORY

GLENN

filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ion, or removal. 24 nours after death. Page 6 may be retained by the hospital or attending physician. notified at once. 2 must examiner medical completely filled rial, cremation, o the OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or other traumatic event, has been signed by the attending physician and com Dept. of Health and Mentai Hygiene prior to burial, 1.23 shows any injury, or other traumatic ev is marked, or item DIRECTOR: After this certificate I hours after death with the State IMPORTANT: If Item 28 FUNERAL I HOSPITAL

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4 Homicide

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH October 24. 1992 Grace Hampe Eva 9:10 рм 4. SOCIAL SECURITY NUMBER S SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 02/07/04 1 🗌 M 2 🔯 F 219-38-3908 88 Maryland Se. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Meridian Nursing Center Baltimore Catonsville RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Halethorpe 1 YES 2 NO 10s. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5559 Ashbourne Road 21227-2813 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No-it yes, specify Cuban, Mexican, Puerto Rican, etc.)
 T YES 2 NO Specify: RACE — American Indian, Black, White, etc. 1 Never Married 2 Norried FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Librarian Public Library 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) William F. Werner Wilamina Henrietta Abhau BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 David M. 5559 Ashbourne Rd. Hampe Halethorpe, MD 21227 20b. PLACE AND DATE OF DISPOSITION (Name of 28c. LOCATION — City or Town, State DATE Metro Crematory, Inc. 10/26 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Ses Cremation Society of Md., Inc. George MacNabb 299 Frederick Rd. Baltimore MD 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** disease or condition 2 months resulting in death) DUE TO (OR MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 1 NO PHYSICIAN:

-							1 TYES 2 NO
. WAS CASE REFERRED TO MEDICA	-				26. PLACE OF DEATH (C	theck only one)	
1 YES 2 NO		OSPITAL: Inpatient 2 ER/Outpetien	t 3 🗆 DOA	OTHE 4 No			
7. MANNER OF DEATH 1 Metural 5 Pending 2 Accident Investigati	on.	28e. DATE OF INJURY (Month, Day, Year)	28b. TIR	ME OF	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED	
3 Suicide 6 Could not	be	28e. PLACE OF INJURY A building, etc. (Specify)	t home, farm,	street, fac	ctory, office	281, LOCATION (Street end Number or Rural F	loute Number,

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

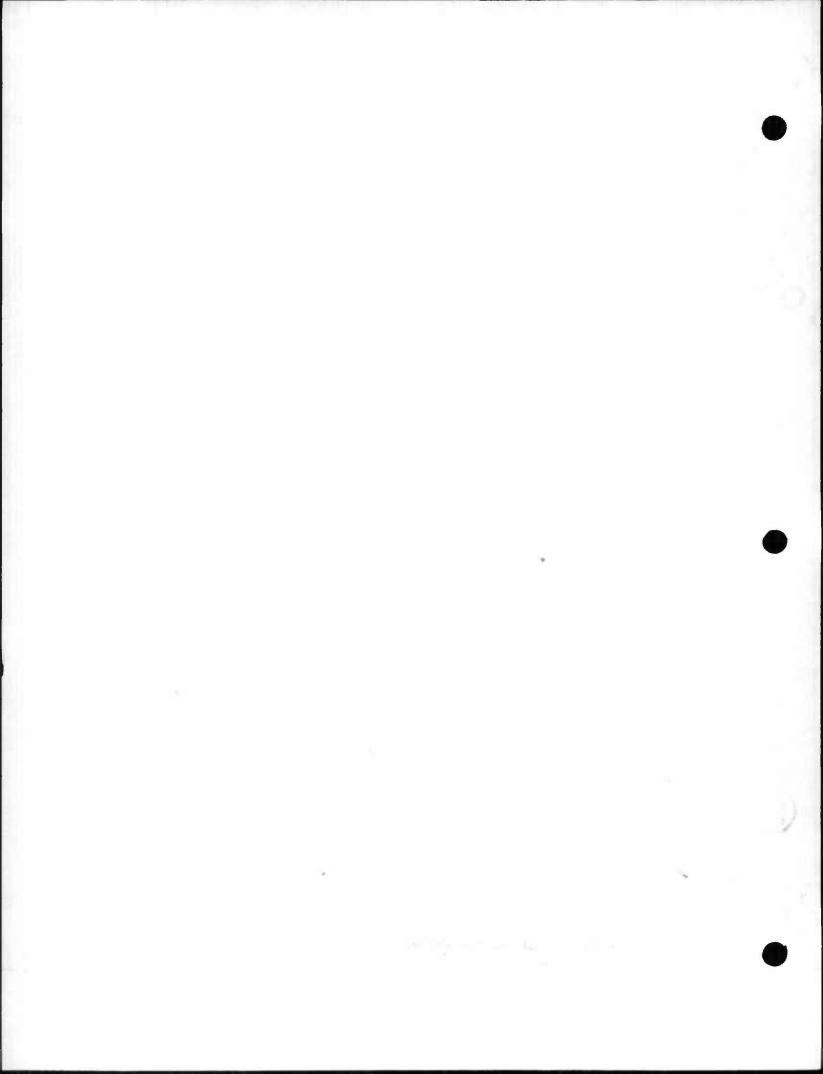
3 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and piece, end due to the cause(s) and manner as stated.

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THE SIGNATURE AND THE OF GENTIFIER	Lemles	MD D15958	29d. DATE SIGNED (Month, Day, Year) 10/26/92

Herbert J. Levickas, M.D. 5404 East Drive Arbutus, MD 2	227

guna Way don - Hondall

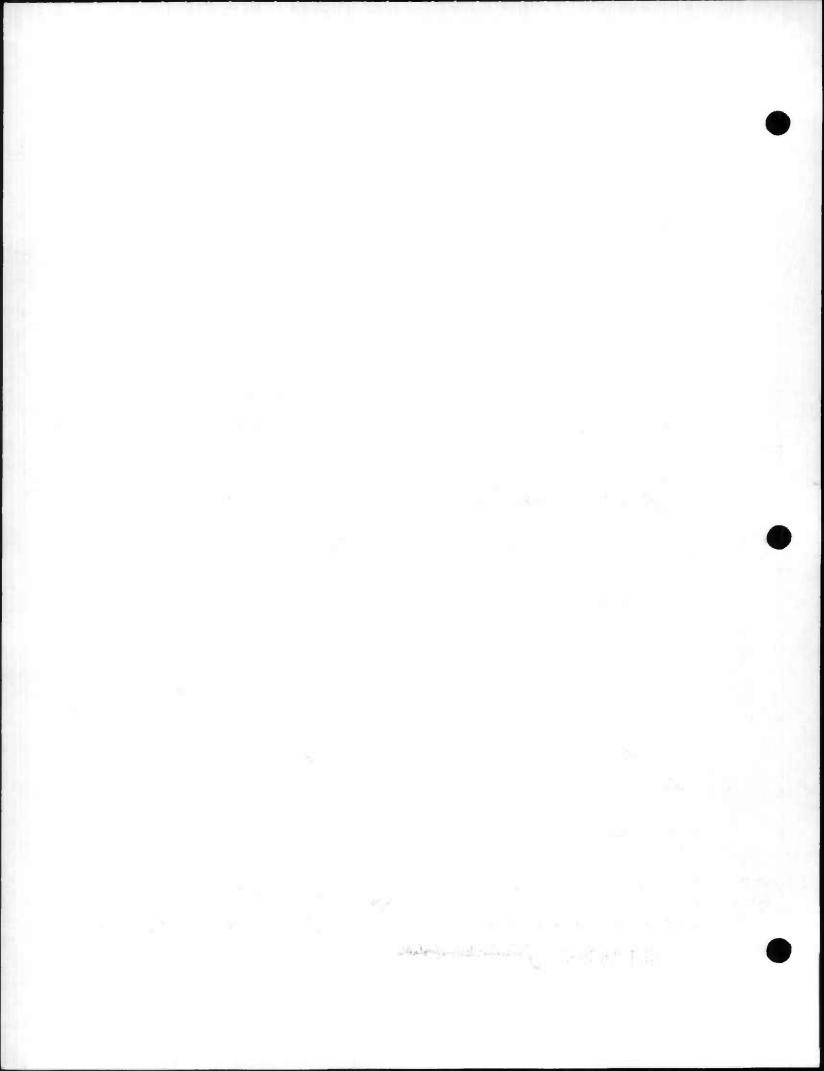
281. LOCATION (Street and Number or Rural Route Number, City or Town, State)



X	\	t permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	leath. Page 6 may be retained by the hospital or attending physician.	funeral director, page 5 should be detached for use as the burial-transi	xaminer must be notified at once.
B	nours after	led in by the	medical
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	E HOSPITAL OR ATTENDIATE PHYSICIAN. The law impuries that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	UNF FUNEDAL DIRECTOR After the consistent has been agond by the attention and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	TH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HEALTH	AND MEN	TAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) Patrick	R. Hickey			2. D/	Ct. 25,		YEAR 3	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			FUNDER 1 YEAR FUNDER :	24 HRS. 7. DA	TE OF BIRTH	1	BIRTHPL	ACE (State or Foreign
	235-30-3774	1 XM 2 F	65 YRS.	ONTHS DAYS HOURS	MIN.	2/31/26		West	Virgin
ac	9a. FACILITY NAME (If not institution, give		9	b. CITY, TOWN OR LOCATIO	ON OF DEATH		9c. COUNT		
ē	618 Washington			Lansdowne			Balt:	imore	9
DIRECTOR		timore	10c. CITY, 1	Lansdowne					DIA. INSIDE CITY LIMITS? VES 2 X NO
FUNERAL	618 Washington	Avenue		10f. ZIP CODE 212	227		10g. CITIZE	N OF WHA	AT COUNTRY?
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific Circles Markets Plant Origin?) 14. WAS DECENDENT OF HISPANIC ORIGIN? (Specific Circles Markets Plant Origin?)						or No — 1	4. RACE -	- American Indian, Vhite, etc.
ВУ	IE WES COURT WAS CO. S. C.				Specify: NO	to Rican, atc.)		Specify: Whit	
	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S US	I COCURATION					e e
COMPLETED	(Specify only highest grad	le completed)	(Give kind of work	UAL OCCUPATION done during most of working ptired.)	9	166. KIND OF BUS	INESS/INDUS	STRY	
7	12	College (1-4 or 5 +)	Accounta			CSX Ra	ilros	4	
O	17. FATHER'S NAME (First, Middle, Last)		riccourte		ER'S NAME /FIG	t, Middle, Maiden			
В	Patrick Hickey				lora Gr		Surriemey		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number of			State Zin C	orfel	
2	Genevieve F. De	ebus		shington Av			, отше, др от	MD	21227
	20a. METHOD OF DISPOSITION 1 Disposition 3 Ram	20b	PLACE AND DATE OF	ISPOSITION (Name of			CATION — CIT		
	4 Donation 6 Other (Specify)	l	Meadowrido	e Memorial	Park	1	Dorsey	, MI)
	21. SIGNATURE OF FUNERAL SHRVICE LI	ICENSEE							Lansdowne
	Jugh J	milro)	77						Md. 21227
ATION	23. PART I. Errier tha diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Mutus DUE TO (OR AS A	en ana.	inostati (i è				Approximate Interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
CE		d							
N: MEDICAL	PART II. Other significant condition	ns contributing to death b	ut not resulting in t	he underlying cause gi	ven in Part I.	24s. WAS AN PERFORM	MED?	AM CO OF	THE ALTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CALIBE DEATH? YES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINERY \			26. PLACE OF DE	ATH (Check only	one)		_	
PHYSICIAN:	1 THE S NO	HOSPITAL: 1 □ Inpatient 2 □ ER/Outp		THER: > /	idence 6 🗆 Os				
ξI	27. MANNER OF DEATH	28s. DATE OF INJUSTY (Month, Day, Year)	28b. TIME O	28c. INJURY AT	7	ESCRIBE HOW IN	JURY OCCUR	MED	
BY	1 Natural 5 Pending 2 Accident Investigation	possing day, many	acues	M 1 YES 2	NO				- 1
	3 Suitcide 6 Could not be 4 Hamicide determined	28s. PLACE OF INJUSTY building, str. (Speci	Al home, farm, stree	f, fectory, office	28f. LC	OCATION (Street or by or Town, State)	nd Number or	Runki Routi	Number
COMPLETED	(Check only 2 SEDICAL EXAMPLE	ICIAN: To the best of my knowle	edge, death occurred a	the time, data and place, a	and due to the o	susa(s) and many	ner as stated.	munated as	
BE	290. SIGNATURE AND TITLE OF CENTIFIE				SE NUMBER	7			onth, Day, Year)
2	30. HAME AND ADDRESS OF FERSON WH	O COMPLETED CAUSE OF DEA	OH OTEM 271 /Sone One	0	0301		-10	16	192
	19AVI El CADI	2/1054	900 Ca	for for	e 13	alt.	mi	12	1229
	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGNA	Andell						/
	111 (0) 1997	10	-						



OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

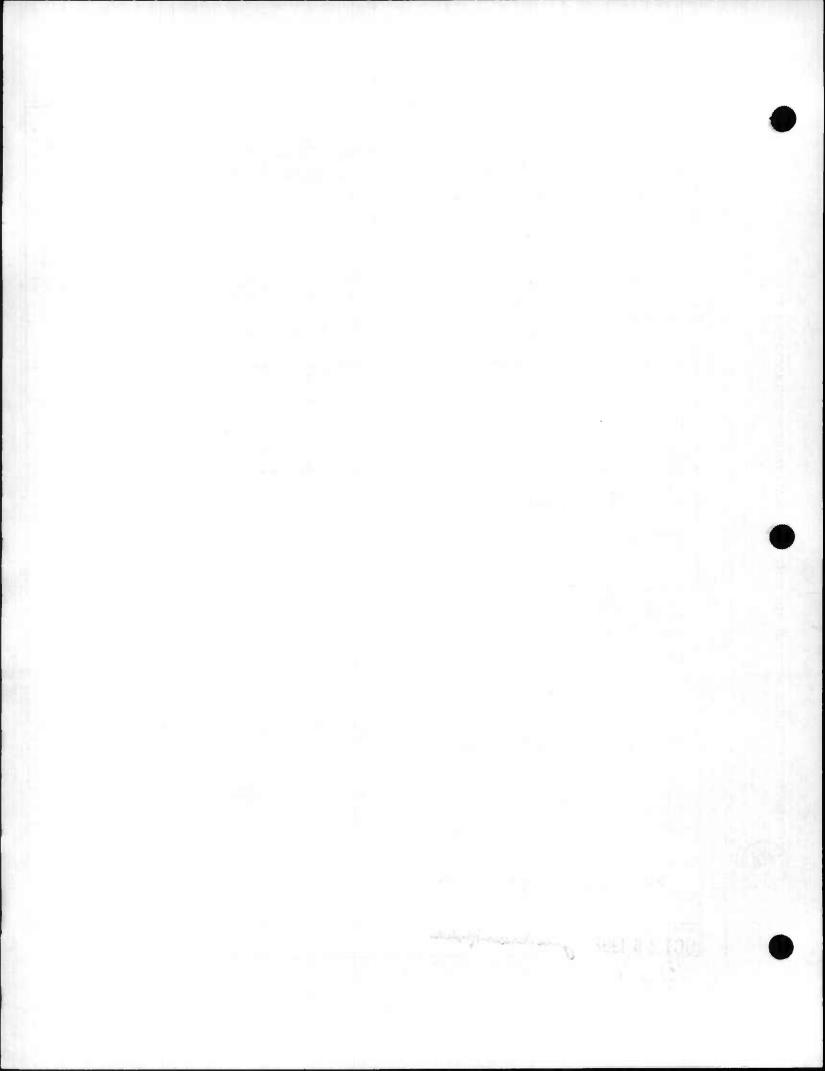
LORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. Of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTARY: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Leat)	Ve	eith	U.	utchin	con		2. DATE OF DEATH MONTH DA	AY .	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER									1, 1	992	7:20am
	216-62-15		5. SEX	6. AGE (In yrs. las		IF UNDER 1 YE	-	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH	PLACE (State or Foreign
			1 M 2 □ F	40	YRS.		9 (-22		10/9/19	52	Ma	ryland
oc	9a. FACILITY NAME (If not in						VN OR LOCATIO			9c. COU	YTY OF DE	EATH
6	Marylar RESIDENCE OF DEC	nd Gen	eral Hos	pital		Ва	limote	City	<u> </u>			
DIRECTOR	10a. STATE	10b. COUNTY	r		10c. CIT	Y, TOWN OR LO	CATION			_		10d. INSIDE CITY
									LIMITS?			
IA							10g. CITI	ZEN OF W	HAT COUNTRY?			
BY FUNERAL						Ave.	21	214			USA	
5	11. MARITAL STATUS S	epar.	FDRCES? 1	T EVER IN U.S. AR	MED	13. WAS	DECENDENT OF	F HISPANIO	DRIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACE Black	- American Indian, White, atc.
B	3 Widowed 4 Divo		IF YES GIVE W	tnam			YES 2 NO				Specif	White
8	15. DEC	EDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BUS	NESS/IND		
COMPLETED	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5		ve kind of w Do NOT us	vork done during e retired.)	most of working	9			001111	
MPL	12th.Grade				Rigg	er			Coast	G G	uard	
8	17. FATHER'S NAME (First, Mi						16. MOTH	ER'S NAM	E (First, Middle, Maiden			
BE			oodrow	S. Hut				liss	22		Sex	ton
2	19a. INFORMANT'S NAME (7)								ute Number, City or Town		Code)	
	Judith	Α.	Baran			3008	Glenmo		Ave.Balt	O.Mo	1. 2	1214
	1 Donation 5 Other	n 3 🗆 Reme	ovel from State	20b. PLACE A	netgry or of	PER PIACE	(Name of	*** 1 1	e10/23	CATION —		vn, Stata ville Md.
	21. SIGNATURE OF FUNERAL		ENSEE	- Ind. v	20.0	22. NAM	E AND ADDRES	S OF FACI	Balto.	2610		
	D 11/2	1	N 1	1/ /								
	23. PART i. Enter the di	en 1	ompileations the	10y19	- P	MC	Cully	Fun	eral Hor	ne,1.	30 E	.Fort Ave
	anock, or na	lart tallure. I	List only one cau	se on each line.	DO II	or anter the	mode of dylr	ig, such	as cardiac or respi	ratory arm	est,	Approximata interval Between
	iMMEDIATE CAUSE (Fin disease or condition	ei -	Acquir	ed Immun	ed D	eficie	ncy sy	ndron	ne			Onset and Death
1	resulting in death)	,	DUE TO	(DR AS A CONSEC	UENCE OF	7:						
z												i
5	Sequentially list condition if any, leading to immediate	liata	DUE TO	(OR AS A CONSED	UENCE OF):						
CERTIFICATION	cause. Enter UNDERLYII CAUSE (Disease or injui											
E	that initiated events requiting in death) LAST		DUE TO	(DR AS A CONSED	UENCE OF):						
G			1									
MEDICAL	PART ii. Other significan	condition	s contributing to	death but not re	sulting i	n the underi	ring cause gi	iven in Pa	ert i. 24a. WAS AN			WERE AUTOPSY FINDINGS
8									_ 1 TES 2			COMPLETION OF CAUSE OF DEATH?
Σ									_			1 TES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL										
S	EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	PLACE OF DE	~				
ž	27. MANNER OF DEATH		1 1 Inpatient 2 □		26b. TIME		lome 5 □ Res		Other (Specify)	IIIII OCC	LIBED	
ВУР		ending restigation	(Month, Di	ny, Year)	INJU	JRY	WORK?		ou. Degombe now in	SONT OCC	UNED	
	2 Civilates	Could not be	28e. PLACE O	F INJURY — At hor	ne, term, st				61. LOCATION (Street &	nd Number	or Rurel Ro	ute Number,
		etermined	Dunanig,	etc. (Specify)				- 1	City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only	FYIND PHYSIC	CIAN: To the best of	my knowledge, das	th occurre	d at the time, o	ate and place.	end due to	the cause(a) and man	ner se etate	d	
MO	one) 2 MEDIC	AL EXAMINER	R: On the beals of an	amination and/or in	weatigation	n, in my opinio	n, death occure	d at the tir	ne, data and place, and	dua to the	cause(a)	and manner as stated.
ш	296. SIGNATURE AND TITLE	OF CERTIFIER					29c. LICEN					Month, Day, Year)
0	Shriwa		inga.					n/a		•		10/21/92
2	30. NAME AND ADDRESS OF Shi:	PERSON WHO		E DF DEATH (ITEM	27) (Type.	c/o Ma	ryland	Gene	rl hospit	al		
	31. DATE FILED (Month, Day, Y					-,						
	OCT 2 6 1992		Jan Jan don	R'S DIGNATURE								
- 1	001 6 0 1336	- 0										

4+1



YEAR

1992

t and Number or Rural Route Number,

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY 1 💢 YES 2 🗌 NO

WHITE

Approximata Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

14. RACE - American Indian, Black, White, etc.

Maryland

10g. CITIZEN OF WHAT COUNTRY?

1:30 PM

2. DATE OF DEATH DAY

24

OCT

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

SYLVIA C. HECHT

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2

31, DATE FILED (Month, Day

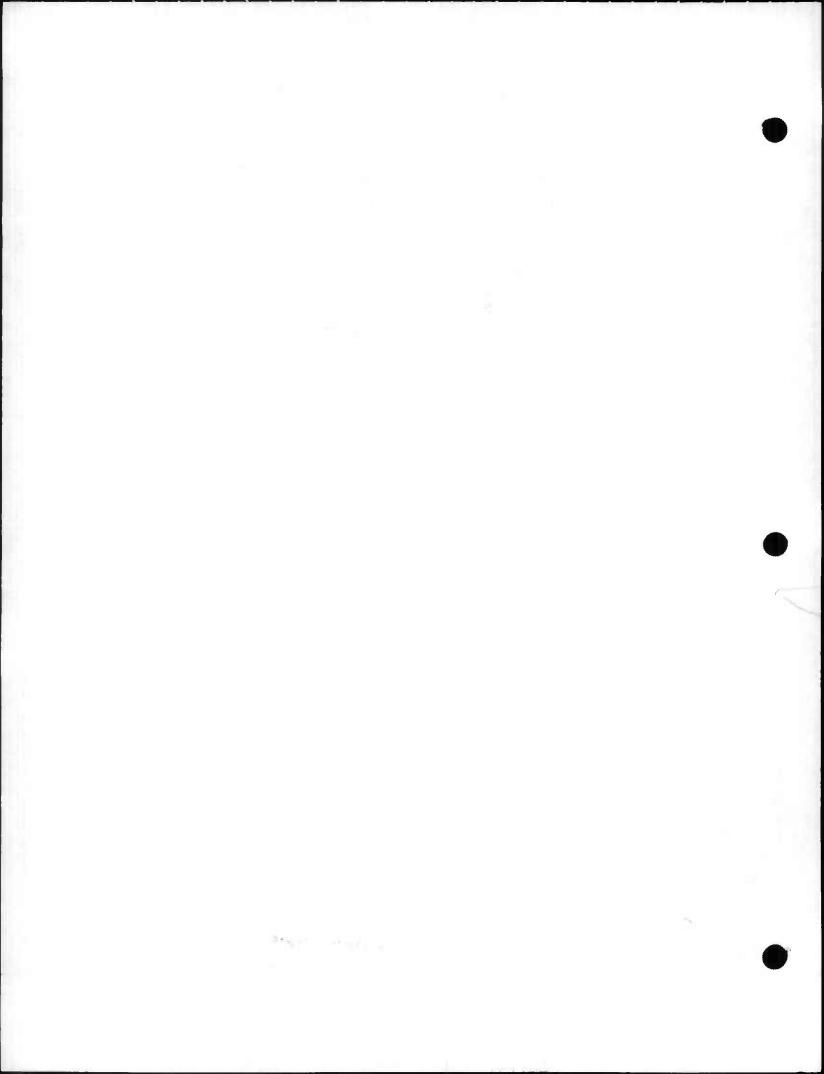
	215-54-1359	1 M 2 TF	92	YRS.	MONTHS	DAYS	HOURS MIN	. (Mo	e OF BIR	Year)	8. BIRTHPLACE (Country)
	Sa. FACILITY NAME (If not institution, give	- 42	72		9b. CITY	/ TOWN I	OR LOCATION OF	Ja	11 2		Maryla
E C	7111 Park Heigh					timo		DEATH		Cit	
5	RESIDENCE OF DECEDENT									Lorr	у
DIRECTOR		Lty		14.62	alti						10d. IN
FUNERAL	10e. STREET AND NUMBER					10	. ZIP CODE			10g. CIT	ZEN OF WHAT CO
	7111 Park Heigh	T					21215			US.	A
R	11. MARITAL STATUS 1 Nover Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	ONK	1	If yes, sp	ENDENT OF HIS ecify Cuban, Me 2 NO Sp	rican, Puerl	MN? (Spec o Ricen, e	cify Yes or No etc.)	14. RACE — Ame Black, White, Specify:
	15. DECEDENT'S ED (Specify only highest grad		16a	DECEDENT'S	work done	CCUPATIO	DN ost of working	1	Sb. KIND	OF BUSINESS/INC	DUSTRY
COMP LELIED	Elementary/Secondary (0-12)	College (1-4 or 5+)]	Housew	se retired.)				Do	mestic	
	17. FATHER'S NAME (First, Middle, Last) Herman Cahn						10. MOTHER'S Minni	NAME (Firs	Middle, i	Melden Sumeme) ienbach	
2	19a. INFORMANT'S NAME (Type/Print) Babette ROSENBEI	RG					ue, Bal			or Town, State, Zip 208	Code)
	20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	cemetery	CEANDDATE	ther place!				- 1	Baltimo	City or Town, Stat
	21. SIGNATURE OF FUNERAL SERVICE L	Bunn	ın_		H 1	ebre	w Memor	facility cial cstow	Fune	ral Hom	e, Inc.
	shock, or hear railure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	e on each	line.						i Kat	le le
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CON	MY 9 / HSEQUENCE O	f):		i-lh	Ma			
MEDICAL C	PART II. Other significant condition	ons contributing to d	eath but n	ot resulting	in the u	nderlyin	g cause given	in Part I.	P	NAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE A AWAILAI COMPLI OF DEA
ICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DEATH	(Check only	one)		
5101	1 TYES 2 ANO	1 Inputient 2 I		3 DOA	4 Nui		e 5 Residen	ce 6 🗆 Ot	her (Speci	ffy)	
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF If (Month, Day)	(Year)		M	1 🗆 '	YES 2 NO	28d. D	ESCRIBE	HOW INJURY OC	CURED
3	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — A lc. (Specify)	t home, ferm,	street, fac	tory, offic	•		OCATION (or Rural Route Nui
COMPLET		SICIAN: To the best of m									
BE C	296. SIGNATURE AND TITLE OF CERTIFIE		A				29c, LICENSE		10		E SIGNED (MOVIN.

UCT 26 1992

guine Dandson-Handalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

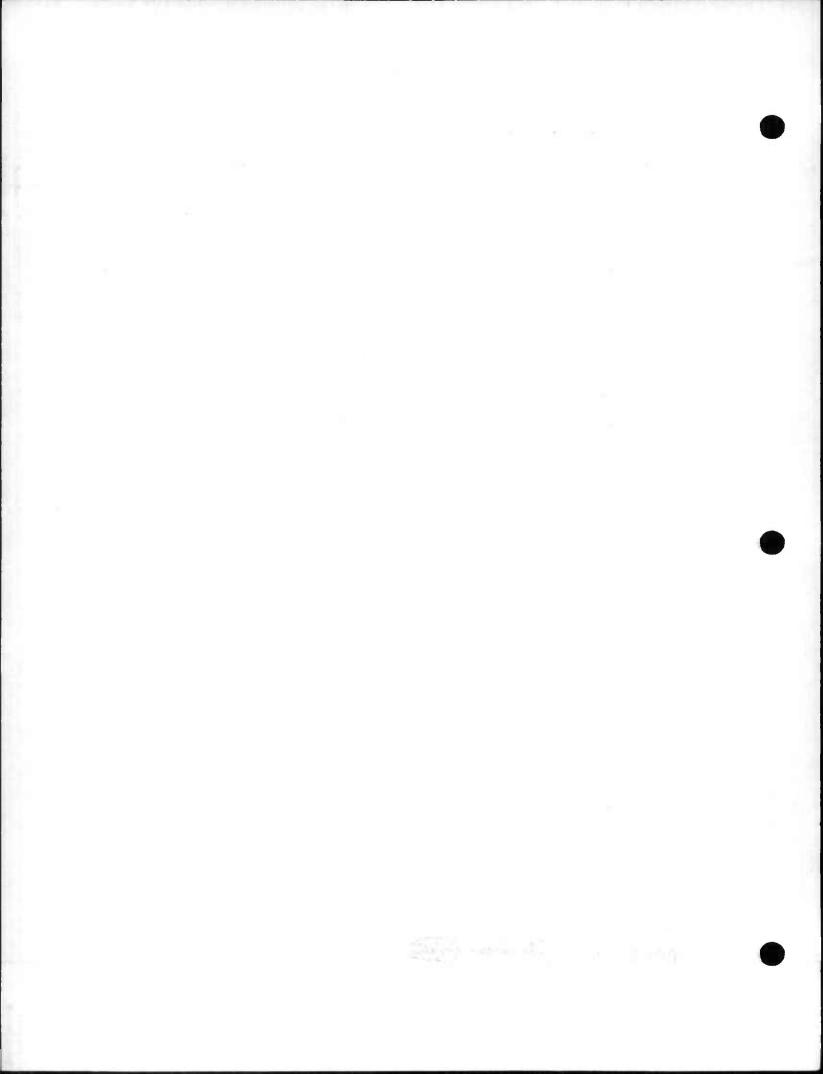


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15-0	ending
12	or att
BALLIMORE, MARYLAND 21215-002	executed within 24 hours after death. Page 6 may be retained by the hospital or attending other
4	the
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MAR	retained
î	2
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Σ	Page
ALI	death.
20	after
	hours
	24
50,	within
09/89	xecuted
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DIVISION OF VITAL RECORDS, P.O. BOX

BALLIMONE, MANICAND SIZIS-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Panes 1.2.3 should	on, or removal.	he medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

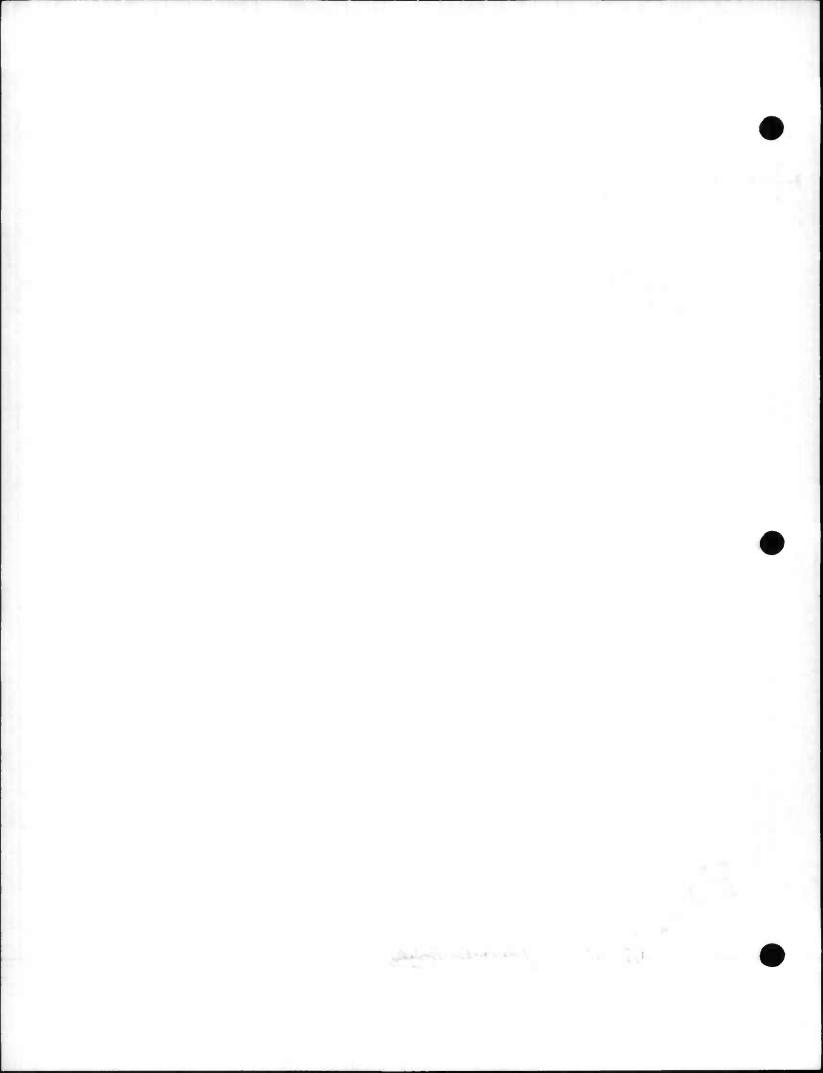
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) Charlotte G. F	lartkopf	2. DATE OF DEATH MONTH D		3. TIME OF DEATH AR 9:00 A M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) 1								
E E	Union Memorial Hospital Baltimore City								
DIRECTOR	10a. STATE 10b. COUNTY Maryland Howar	·d	Ellicott				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	3338A N. Chatham	Rd.		101. ZIP CODE 21042			OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 PN IF YES, GIVE WAR OR DATES	O If you	DECENDENT OF HISPA , specify Cuben, Mexic YES 2 NO Speci			RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCA' (Specily only highest grade co	mpleted) (Gh life.	cedent's usual occuive kind of work done during Do NOT use retired.	most of working	18b. KINO OF BU	BINESS/INDUST	RY		
examiner must be notified at once. TO BE COM	17. FATHER'S NAME (First, Middle, Last) Charles P. Geyer				AME (First, Middle, Malden 1 Mills	Surname)			
TO B	Betty M. Benfer				House Number, City or Tow Unit 2B, C		111e, Md.21228		
d tane	4 Donation 5 Other (Specify)	1 Description 3 Removal from State commercy, crematory or other place)							
ехащие	21. SIGNATURE OF FUNERAL SERVICE LICEN	N. With	HARE	Y H. WITZ	KE FUNERAL	HOME	City.Md.2104		
injury, or other traumatic event, the medical	23. PART i. Enter the diseased or complications that outside the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart alture. List only one cause on/each line. Approximata interval Between Onset and Death Approximata interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury C.								
CERTI	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in dasth) LAST d								
MEDIC	PERFORMED? 1 YES 2 NO OF DEATH?						24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		. PLACE OF DEATH (C)	neck only one)				
1×SI		Inpetient 2 ER/Outpetient 3		forme 5 - Realdence					
marked, BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURE	D		
E C	3 Suicide 8 Could not be determined	26a. PLACE OF INJURY — At hon building, etc. (Specify)	ne, ferm, street, factory,	office	281. LOCATION (Street City or Town, State)	and Number or Re	ural Route Number,		
COMPLET		N: To the best of my knowledge, dea On the beals of examination end/or in					use(e) and manner as stated.		
BE	290. SIGNATURE AND TITLE OF CERTIFIED	attle of	>	29c. LICENSE NU			GNED (Month, Day, Year)		
≜ 2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (ITEM	/ -	F. 10	ressity p	Okwy.	Both		
	31. DATE FILED (Menth, Boy, Year)	32 REGISTRAR'S SIGNATURE	2	c, un	7	7	Jed house		



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		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND M	ENTAL HYGIENI REG. NO.	E 9	2 29530
		1. DECEDENT'S NAME (First, Middle, Less) Carolyn A					2. DATE OF DEATH DA	V YE	3. TIME OF DEATH
P		4. SOCIAL SECURITY NUMBER 212-32-9486	1 - M 2 X F 5	in yrs. lest birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	July 22, 1935	4.8	IRTHPLACE (State or Foreign ountry)
, 2, 3 should	TOR	99. FACILITY NAME (II not institution, give 1916 Wilhelm Avenu RESIDENCE OF DECEDENT	Datamore						
permit. Pages 1,	DIRECTOR		nltimore	10c, CITY,	Baltimon				10d, INSIDE CITY LIMITS? 1 YES 2 NO
. is	FUNERAL	1916 Wilhelm Avenu			101	21237		10g. CITIZEN	OF WHAT COUNTRY? A
21215-0020 al or attending physician. for use as the burial-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ecity Cuben, Mexican, NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Snacify:
21 21 20 c	PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of we life. Do NOT use Cashie	ork done during mo retired.)		16b. KIND OF BUS	INESS/INDUSTI	PAY .
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Joseph Nolan Sr.			_	Gent	E (First, Middle, Maiden :	_	
E, MAR' y be retained page 5 should be notified	10	190. INFORMANT'S NAME (Type/Print) Elaine Gifford		19b. MAILING /	Vilhelm Av	nd Number or Rural Ro Venue Balti	more, Maryla	and 2123.	7
SALTIMOR Geath, Page 6 ma e funeral director, page at.		20a. METHOD OF DISPOSITION 1 © Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	noval from State Cem	PLACE AND DATE OF the terry, crematory or othe arkwood	October 2 22. NAME A	06 1992 ND ADDRESS OF FACI	771	Baltimon Ford Road	re, Md.
within 24 hours after the second of the seco		23. PART. Enter the diseases, prehock, preheer failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. METAST	ach line.	CAN		as cardiec or respir	ratory arrest,	Approximate interval Betwee Onset and Deat
P.O. BOX 68' h certificate be execute inding physician and cut Hygiene prior to buria or other traumatile	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF)					
RECORD: requires that the peen signed by the of Health and IM shows any Inju	MEDICAL	PART II. Other significant condition	ns contributing to death b	ut not resulting in	the underlying	g ceuse given in Pa	PERFORI 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
VITAL SIAN: The law intificate has the State Dept or Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YO NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	ACE OF DEATH (Chec			
OF PHYSICI this cer with th	ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	286. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ RY WO	URY AT RK? YES 2 NO	26d. DESCRIBE HOW IN	JURY OCCURE	D
OF ATTENDING OF ATTENDING OF ATTENDING OF ATTENDING OF ATTENDING OF THE	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st	reet, factory, office		261. LOCATION (Street a City or Yown, State)	nd Number or Ru	raf Route Number,
로 국 은 도	COMPL		SICIAN: To the best of my knowl ER: On the besis of examination						rse(s) and manner as stated.
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	na RESID	ENT PHY		29c. LICENSE NUMB	ER		NED (Month, Day, Year) - 25 - 92 .
		M. Sivaraman Unni MD). Franklin Squa	ire Hospita	Rossvi	lle, Md.			
		31. DATE FILED (Month, Day, Year) OCT 2.6 1992	32. REGISTHAR'S SIGN						

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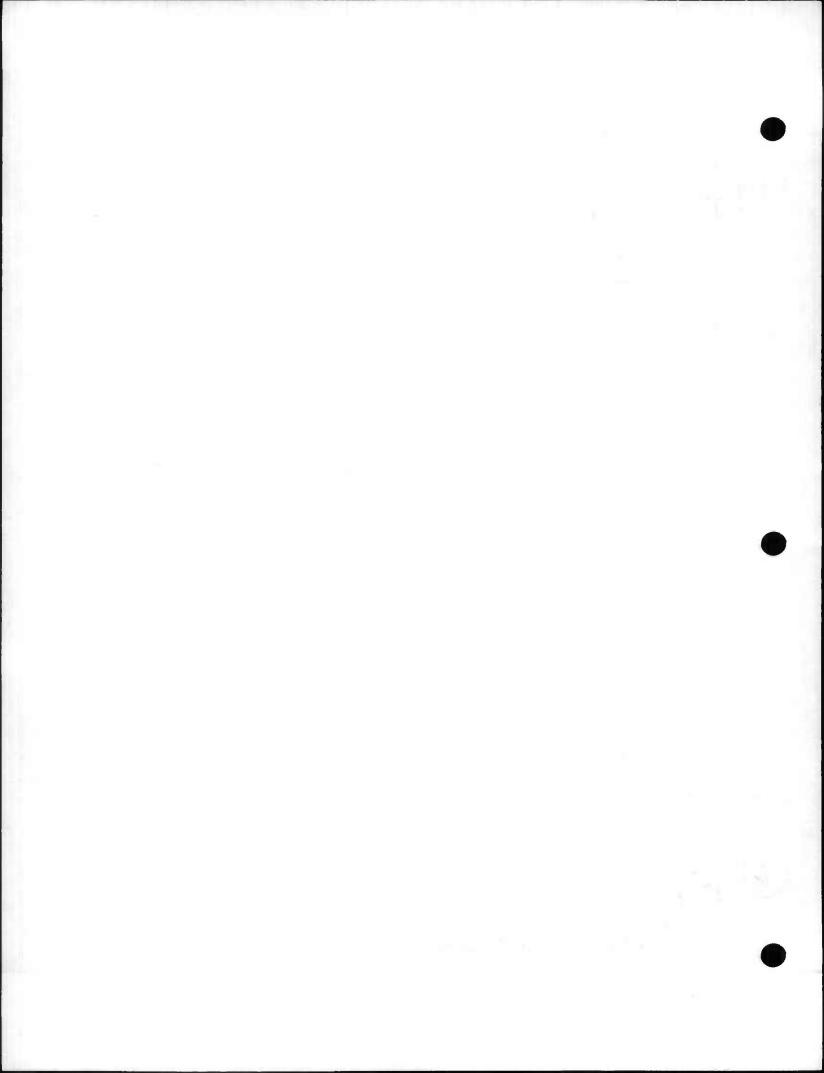


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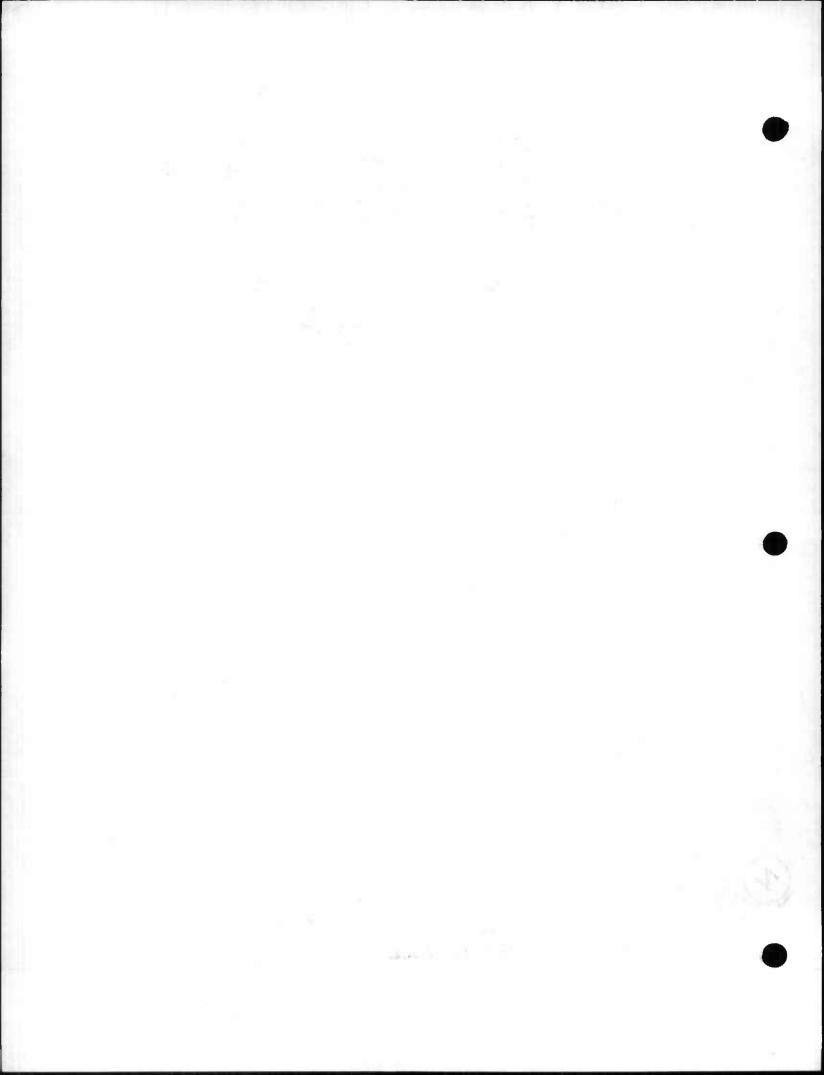
DIVISION OF VITAL RECORDS DO BOX 6

	l .	10/10/11/11/11
		4. SOCIAL SECURITY NUMBER 5. SEX
2	_ 9	202.18.2065 10H2
shor	m	Sa. FACILITY NAME (If not institution, give street and num
6,	ᅙ	RESIDENCE OF DECEDENT
8	🖺	10a. STATE 10b. COUNTY
permit. Pages 1, 2, 3 should	F	PA. CHES
150	FUNERAL DIRECTOR	10e. STREET AND NUMBER R. D. #5 ERIC
DZO physician. burial-transit	5	11. MARITAL STATUS 12. WAS DE
2 2 2	B	1 Nover Married 2 Married IF YES, 3 Widowed 4 Divorced
r attend	윤	15. DECEDENT'S EDUCATION (Specify only highest grade completed)
the hospital or detached for once.	BE COMPLETED	Elementary/Secondary (0-12) College (1-
the hos detach	Š	17. FATHER'S NAME (First, Middle, Last)
2 2 2	ш	JAMES RALPH
retained by 5 should be notified at	5	19a. INFORMANT'S NAME (Type/Print)
ay be re page 5	-	PACILETTE JACK
Language and a second with the medical examiner must be may be law requires that the death certificate be executed within 24 hours after death. Page 6 may be as been signed by the attending physician and completely filled in by the funeral director, page 19-bot. or theath and Mental Hygiene prior to burdal, cremation, or removal.		20s, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal from St 4 Donation 5 Other (Specify)
Pag .		21. SIGNATURE OF FUNERAL SERVICE LICENSES
The CORDS, F.O. BOX 80100. It is required that the death certificate be executed within 24 hours after death. Page 6 m has been signed by the attending hybician and completely filled in by the thineral director. Dept. of Hearth and Mental Hygiene prior to burlal, cremation, or removal. 23 shows any injury, or other traumatic event, the medical examiner must		Donne B.
within 24 hours after ripletely filled in by the cremation, or removal vent, the medical		23. PART I. Enter the diseases, or complication shock, or heart failure. List only or
n 24 hour ly filled atton, or the m		IMMEDIATE CAUSE (Finel
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ertificate ing phys gliene p	윤	CAUSE (Disease or Injury that initiated events
th certificate be executed the certificate be executed ending physician and con I Hygiene prior to burial, or other traumatic en	F	resulting in death) LAST
the death y the atte of Mental	뜅	CAPT II COLUMN III
A so the C	MEDICAL CERTIFICATION	PART II. Other significant conditions contribut
es that gned by saifth an	ğ	
AL MECOLADS, P.O. BOX 00/00, he law requires that the data nearlinear be enserted within has been signed by the attending physician and complete bobt. of Health and Mental hygiene prior to burial, crem in 23 shows any injury, or other traumatic event.	ME	M
law Dept.	AN:	25. WAS CASE REFERRED TO MEDICAL
2 a F		EXAMINER? HOSPITA
SICIAL Certific the the	H	1 ☐ YES 2 7 NO 1 1 1 Inpette 27. MANNER OF DEATH 28e. D
ther this ceath with	۵. ک	1 Natural 5 Pending
After death	B	2 Accident Investigation 3 Suicide 8 Could not be
OR ATTENDING PHYSICIAN: The OIRECTOR: After this certificate his hours after death with the State Ditem 28 is marked, or item	ETED BY PHYSIC	4 Homicide determined
OIREC Hours	PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the
PSP TAL Thin 72 NT: 19	OMPL	one) 2 MEDICAL EXAMINER: On the bar

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGI REG.		
37	1. DECEDENT'S NAME (First, Middle, Last) PEARL M. 4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH 7. DATE OF BIPTH (Month, Day, Yea	2/- 9	BIRTHPLACE (State or Foreign
OR	202-18-2065 9a. FACILITY NAME (If not institution, give s 80 - MARYL		69 YRS.	CITY, TOWN O	R LOCATION OF DI	02-13-	9c. COUNTY	COUNTY) ENNSYLVANIA OF DEATH OF GEORGES
L DIRECTOR	10a. STREET AND NUMBER	HESTER		.,	ON VILLE			10d, INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL		ERICLDO	N U.S. ARMED	13. WAS DEC	1932 ENDENT OF HISPAL	NIC ORIGIN? (Specifyin, Puerto Ricari, etc.	Yes or No- 14	RACE — American Indian, Black, White, etc.
ETED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	16e. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mos	N	16b. KIND OF	BUSINESS/INDUS	
COMPL	17. FATHER'S NAME (First, Middle, Last)	PH JACK	ELECTRI	NIC	ASSEMB 18. MOTHER'S NA DO A	LER B		s MACHINES
TO BE	18a. INFORMANT'S NAME (Type/Print) PAULE TE 20a. METHOD OF DISPOSITION	JACKS	196. MAILING AD	7 Foo	INDRY		Town, State, Zip Co	(E M). 19320
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	loval from State	D. PLACE AND DATE OF D letery, cremetary or other DOM H	LL CE	METERY	101 1 1	LOCATION - CHY KENNET IS B.	T SQUARE, PA. CAPLE F.S.
	IMMEDIATE CAUSE (Finel disease or condition	complications that caused List only one cause on e	sch iins.		de of dying, suc	MAND AU has cardiac or n	espiratory srreat	Approximate interval Between Onset and Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	ARTER	CONSEQUENCE OF):	201		7701 11/12	7 (07)	
CERTIFI	DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST d.							
N: MEDICAL	PART II. Other significant condition	ms contributing to death b	M WI	TH-	LIVS	PER	S AN AUTOPSY FORMED? S 2 M NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- Control	26. PL	ACE OF OEATH (Ch	eck only one)		
HYS	1 YES 2 N NO 27. MANNER OF DEATH	1 M Inpatient 2 ER/Outp		Nursing Home		8 Other (Specify) 28d, DESCRIBE HO	W IN HIEV OCCUR	en
BY P	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	WO	PK?	200. DESCRIBE RO	W INJUNT OCCUM	ED
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spec				28t. LOCATION (Str. City or Town, S	tato)	Rural Route Number,
COMPLETED	000 2 MEDICAL EXAMINE	ICIAN: To the best of my know ER: On the basis of examination						suse(e) end manner as stated,
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D - 1 85 45							29d, DATE SI	GNed (Month, Cey, Year)
-	30. MAME AND ADDRESS OF PERSON WH		ATH (ITEM 27) (Type, Print)	ON HI	U RD	OKON	Hise	20145 MD
	OCT 2 6 1992	32. ABGISTRAR'S SIGN	ATURE		700	O'A O'	77.50	,, ,



	1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND F DEATH	MENTAL HYGII REG. I		
6	1. DECEDENT'S NAME (First, Middle, Last)	Kohler				2. DATE OF DEATH MONTH	24 g	YEAR 1845
~	4. SOCIAL SECURITY NUMBER 213-48-4814 94. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	GE (In yrs. lest birthday) Q 2 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Dev Year	109	BRTHPLACE (State or Foreign Country) Maryland Y OF DEATH
ECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ospital	100 07	TY, TOWN OR LO	Himore	CXy		
L DIREC	MD Balt	imore		rbutus				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1306 Poplar Ave	enue			21227		U.S.	A •
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 NO	If yes,		NIC ORIGIN? (Specify an, Puerto Rican, etc.) ly:		4. RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +)	16e. DECEDENT'S (Give kind of life. Do NOT a	work done during me retired.)	NTION most of working	166. KIND OF	BUSINESS/INDU	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Charles A. Kempt				Eva F.	AME (First, Middle, Maid Mayberger		
2	19s. INFORMANT'S NAME (Type/Print) Delores K. Ring 2ge, METHOD OF DISPOSITION 1 K Burial 2 Cremation 3 Ren			Elm Rid	lge Avenue	Route Number, City or Baltimo	re, MD	
	1 (Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		cometery, crematory or Meadowrid	ge Memo	rial Park	10/27/92 Ambros	2 Dorsev se Fune	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to (on A	sed the death. Do n each line. Shire She is a consequence of	ck.	mode of dying, su	ch as cardiac or re	spiratory arrec	Approximate Interval Betwee Onset and Dec
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· Comple	AS A CONSEQUENCE C	t 136	ık			
MEDICAL	PART II. Other significant condition	na contributing to deat	h but not resulting	in the underly	ing cause given in	PERI	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	hydrodiant 2 🗆 DOS	OTHER:	PLACE OF DEATH (C			
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident investigation	28a. DATE OF INJUF (Month, Day, Yea	RY 28b. TH	ME OF 28c.	ome 5 Residence INJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	RED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm, Specify)	street, factory, o	fice	281. LOCATION (Stre City or Town, Str	et and Number or ste)	Rural Route Number,
COMPLETED		ER: On the best of my kn						i. cause(a) and manner as stated.
TO BE	20b. SIGNATURE AND TITLE OF CERTIFIE TO THE THE THE THE THE THE THE THE THE THE	Med 10 COMPLETED CAUSE OF	. Residen		29c. LICENSE NU	MBER	29d. DATE :	SIGNED (Month, Day, Year)
	HOON HON 31. DATE FILED (MONTH, Day, Year)	32 REGISTRAR'S SI	FE	Agnes	Hosp			



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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

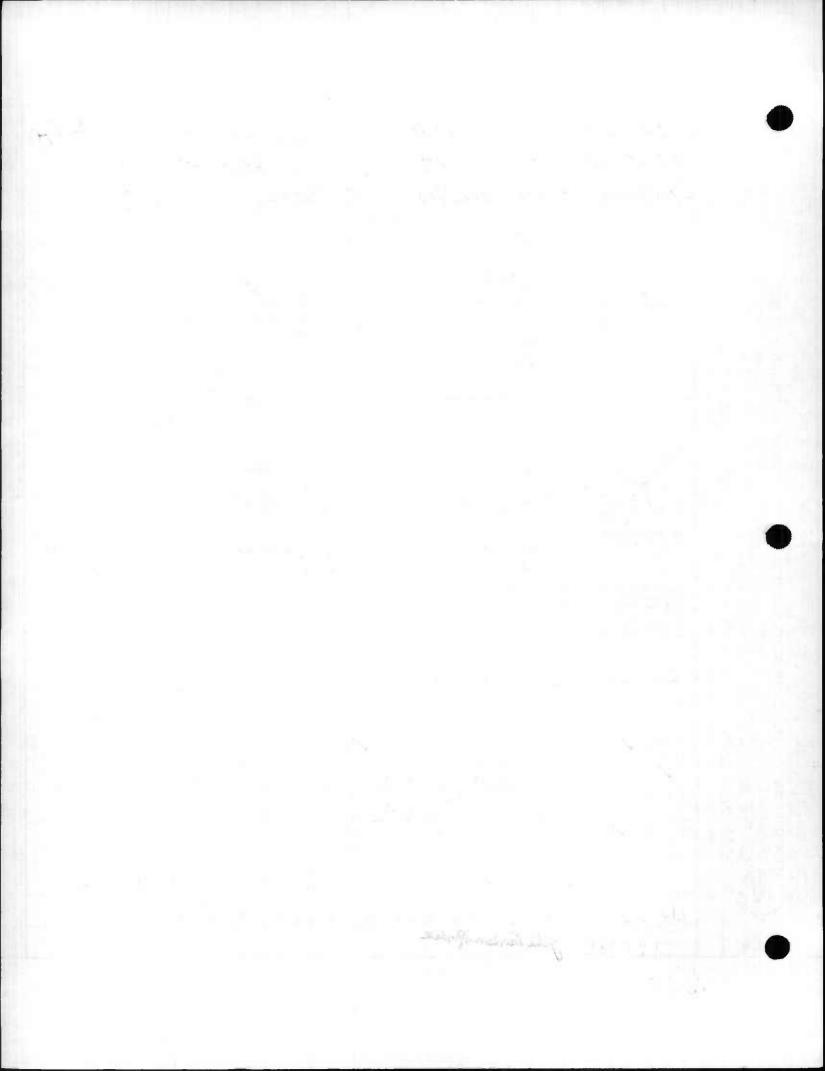
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Heath and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	ГН		REG. NO.

	1 - FOR STATE OF M	ARYLAND / DEPARTMENT OF CERTIFICATE OF	HEALTH AND MENTAL HYGIEI DEATH REG. NO.					
	1. DECEDENT'S NAME (First, Midgle, Last) KENNETH E	Koch	2. DATE OF DEATH MONTH	DAY YEAR 3. TIME OF DEATH OF JOHN				
	484-28-628/ 1×M20F	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year)	8. BIRTHPLACE (State or Foreign Country)				
TOR	Dea ton Specially Hosp 4th Residence of Decedent	one Inc the	Phone City	9c. COUNTY OF DEATH				
DIRECTOR	10a. STATE 10b. COUNTY Maryland	Balto.Cit		10d. INSIDE CITY LIMITS? 1XXYES 2 \(\triangle \) NO				
RAL	100. STREET AND NUMBER 23 W.West St.	11	7. ZIP CODE 21230	10g. CITIZEN OF WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT	CTYPES 2 NO If yea, a AR OR DATES 1 ☐ YE	Z 1 Z 3 U CENDENT OF HISPANIC ORIGIN? (Specify Woodly Cuben, Maxican, Puerto Rican, atc.) 2 X 140 Specify:	USA se or No- 14. RACE — American Indian, Black, White, etc. SpecifyWhite				
TED	16. DECEDENT'S EOUCATION (Specify only highest grade completed)	16s. DECEDENT'S USUAL OCCUPAT (Give kind of work done during in	DN 16b. KIND OF Br	USINESS/INDUSTRY				
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) 12th.Grade 4 Years	Actuary		factureing Life				
	17. FATHER'S NAME (First, Middle, Lest)	Vash	16. MOTHER'S NAME (First, Middle, Meide	The state of the s				
BE	Kenneth	Koch 19b. MAILING ADDRESS (Street	Agnes	- Larson				
10	Kenneth Koch 11	1840 Grena	ble Ct.Fort Col	Llins, Colorado				
	20a. METHOD OF OISPOSITION 1 — Burlel 2 — Cremation 3 — Removal from State 4 — Ognation 5 — Other (Specify)	20b. PLACE AND DATE OF DISPOSITION (A Carnetery, cremetory or other-place). Lindiwood Ceme	tery10/28/ Ge	ocation — City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME A	ND ADDRESS OF FACILITY Balto	o.Md.21230 ome,130 E.Fort Ave				
	23. PART I. Erner the diseases, or complications that	caused the death. Do not enter the m		piratory arrest, Approximate				
	immediate cause (Finel disease or condition resulting in death)	Trume Deficere OR AS A CONSEQUENCE OF):	y Syndrone (A	Interval Between Onset and Daeth 5 yrs				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to a demarker (2° h) (4)	death but not resulting in the underlying	g cause given in Part i. 24a. WAS AI PERFO	RMED? AMAILABLE PRIOR TO				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 location: 2	OTHER:	ACE OF DEATN (Check only one)					
PHYS	27. MANNER OF DEATH 1 Netural 5 Pending	NJURY 28b. TIME OF 28c. IN INJURY	URY AT 28d. DESCRIBE NOW PRK?	INJURY OCCURED				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF building, a	INJURY — At home, farm, atreet, factory, office. (Specify)	YES 2 NO /V 281. LOCATION (Street City or Town, Stele	end Number or Rural Floute Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of many one) 2 MEDICAL EXAMINER: On the best of examiner.	end place, and due to the cause(e) and me leath occured at the time, date and place, e						
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER M.J. Day	M-0.	29c. LICENSE NUMBER 30433	29d. DATE SIGNEO (Month). Day, Year) ► 10/24/92				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED GASSI	M + MEDICAL C	ENTER 6115.	CHARLES ST				
	11. DATE FILED (Month, Dey, Year) OCT 2 6 1992 June Devideor	- HONDER	/					

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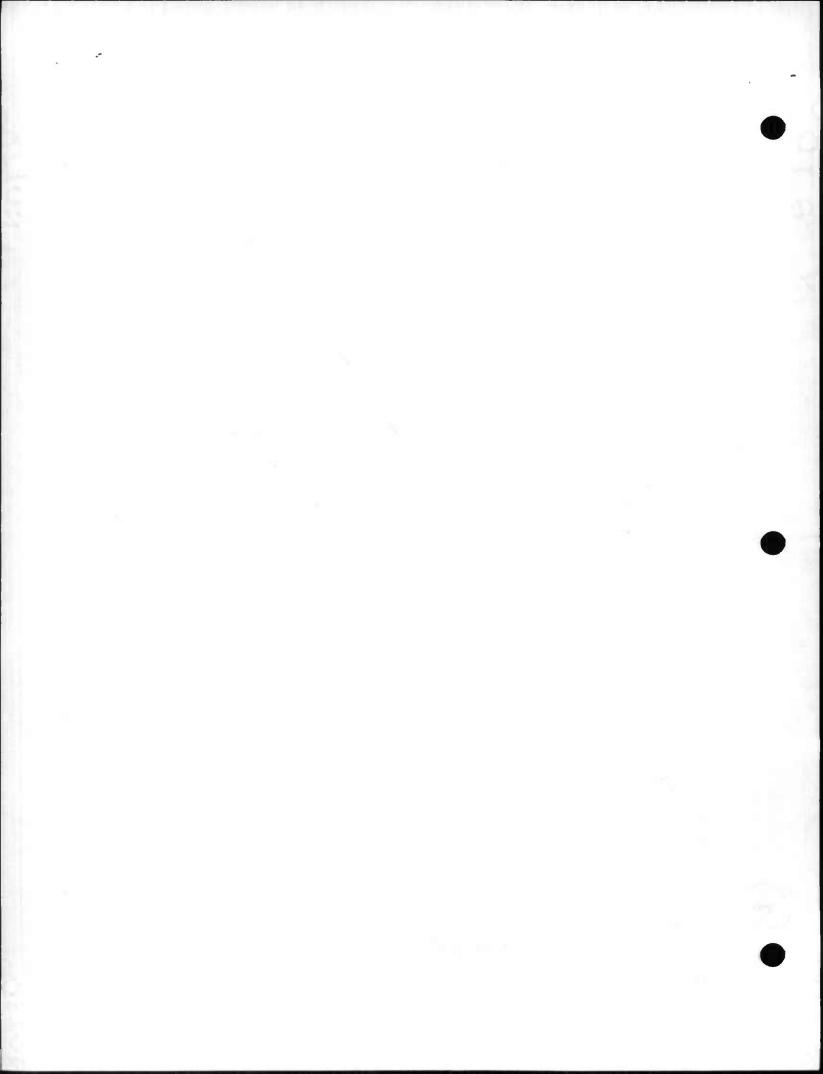
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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH JEANNETTE HAMMOCK KELLY Jeannette Kully 10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month) Day, Year IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 217-22-8591 DAYS 1 | M 2 | F 626 75 YRS. Virginia page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Center Baltimore City NA RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland NA Baltimore City (Brooklyn) 1 X YES 2 NO FUNERAL 10s, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3734 Tenth Street, 21225 USA within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 🔀 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 TES 2 X NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Retired Registered Nurse Spring Grove State Hospital 17, FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Howard Brawn Virgie BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Chester Joseph Kelly 3734 Tenth St., Balto., Md. 21225 å 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must director, Glen Haven Memorial Pk. 10/26 IGlen Burnie, Maryland medical examiner McCully Funeral Home of Brooklyn 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker the funeral 237 E. Patapsco Ave., Balto., Md. 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and completely filled in by o burial, cremation, or remo Approximata ock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death the Failu disease or condition event, t resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Septic Sho prior to burial. Shock traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate has been signed by the attending physician Dept. of Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury DIA Setel m DUE TO (OR AS A CONSEQUENCE OF) or other that initiated events resulting in death) LAST Hypertension PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TES 2 NO 1 TES 2 NHO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) After this certificate death with the State HOSPITAL:

1 Minpetient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 YO e 5 🗆 Residence 6 🗆 Other (Specify) 4 - Nur 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28 is 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined THE FUNERAL DIRECTOR: filed within 72 hours after 4 Homicide item 2 29a, CERTIFIER 1. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated be filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) handilya 10/231 2 HARBOR HOSP, BALTIMORE, MD Jula Daydon Pandese

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89



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	1 - FOR STATE REGISTRAR	TATE OF MAF	RYLAND / DE CER	PARTM TIFICA	ENT OF H	EALTH AND DEATH	MENTA	L HYGIEN				
1	1. DECEDENT'S NAME (First, Middle, Last) 2. DAT							OF DEATH			3. TIME OF DEA	тн
	Oliver Joseph	Keagl	е				Oct		AY	93	5:10	D M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)				F UNDER 1 YEAR F UNDER 24 HRS. 7.			OF BIRTH	,		IPLACE (State or Fr	
	217-14-2468 15	89 Y				Ju1	y 4,			Maryland	d	
oc i				9b.	377	R LOCATION OF D	EATH		9c. COU	NTY OF D		
ਠੁ	Augsburg Luther	Augsburg Lutheran Home				Lochearn			Baltimore			
ည္အ									10d, INSIDE CITY	Y		
DIRECTOR	Maryland Baltimore Lo					ochearn					LIMITS?	
	10e. STREET AND NUMBER				101. ZIP CODE				10a, CIT	IZEN OF Y	WHAT COUNTRY?	-
ER/	6811 Campfield Ro	6811 Campfield Road				21207			U.S.A.			
FUNERAL						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specif						
	. C trate matter 5 C matter	FORCES? 1 1			If yes, spe	city Cuben, Mexico	an, Puerto		Black, White, etc.			
BY	3 Wildowed 4 🔀 Divorced	. , , , , , , , , , , , , , , , , , , ,	on bares		1 123	2 to speci	ry:			Spec	White	
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON sleteril			AL OCCUPATIO		16b	16b. KIND OF BUSINESS/INDUSTRY				
Щ		ollege (1-4 or 5+)	Ille. Do I	NOT use reti	ed.)	a or wonung						
<u>F</u>	12 Years		Branc	h Mai	nager		P	Phila-Balto. Stock Exch			hange	
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, I	Middle, Maiden	Sumame)	umame)		
BE (Unknown Keagle					Lillian Unknown						
2	19a. INFORMANT'S NAME (Type/Print)		19b, MA	AILING ADD	RESS (Street a	nd Number or Rural	Route Num	ber, City or Tox	n, State, Zij	p Code)		
-	Mrs. Ruth Brown		827	79 Vo	sges R	oad Bal	ltimo	re, M	21	244		
	20s. METHOD OF DISPOSITION 1	from State	20b. PLACE AND I	DATEOFDIS	DISPOSITION (Name of Di			DATE 20c. LOCATION — City or Town, State				
	4 Donation 6 Other (Specify)		St. Pau	il s	Ch. Ce	. Cemetery 10/28 Vic			lolet	oletville, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS O						FACILITY S Funeral Directors, Inc.					
	> John K Sty	med t										122
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between											
	IMMEDIATE CAUSE (Final	0	/	1	. 0	4		(T) 3			Onset and	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CEREBRO - VASCULAR HCCEDEM											
	•	DUE TO (OR	AS A CONSEQUEN	ICE OF):								
S	Sequentially list conditions, b.	DUE TO (OR	AR A CONSEQUEN	ICE OF								
F	If any, leading to immediate cause. Enter UNDERLYING								i			
윤	CAUSE (Disease or injury that initiated events	DUE TO (QR	AS A CONSEQUEN	ICE OF):							- 	
ERTIFICATION	resulting in death) LAST											
5	d											
CAL	PART II. Other significant conditions co	ntributing to dee	1 -	_			Part I.	24a. WAS AN PERFO		24b	WERE AUTOPSY F	
음ㅣ	- CHROME ATRIAL HBRILLATION. PERFORMED?								COMPLETION OF OF DEATH?			
MEDI	- CHONNIE OFINARTIC							1 TYES LE	NO			
	- HO ACUTE MYOCARDIAL DIFARCTION											
CIAN	25. WAS CASE REFERRED TO MEDICAL EVAMINED 2 26. PLACE OF DEATH (Check only one)											
	THE STATE OF THE S	Inpetient 2 ER/	Outpatient 3 🗆 D		HIZR: Nursing Home	5 🗌 Residence	6 🗆 Othe	r (Specify)				
PHYS	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye		b. TIME OF	28c. INJU	JRY AT	28d. DES	CRIBE HOW	NJURY OC	CURED		
2	1 Netural 5 Pending	Netural 5 Pending			M 1 YES 2 NO							
9	3 Suicide 6 Could not be	28e. PLACE OF IN-	CE OF INJURY — At home, farm, street, factory, office fling, stc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
-	4 Homicide determined											
7	29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated,											
COMPLET		one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
_	29b. SICHATURE AND TITLE OF CERTIFIER								(Month, Day, Year)			
Deter								6/01				
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETEO CAUSE OF	F DEATH (ITEM 27)	(Type, Print)		D	, -			+	1	
	7220 Park Heights Ave, Balls MD 21208 (TASNEEM CAR									11		
	1240 Park H	cights "	Mrs 1	120	lls 1	10 212	186	1715	VEER	n	AKHAN	/
	31. DATE FILED (Month, Day, Year) OCT 2 6 1992	LICHES STRAPS	SIGNATURE A MANUALE	120	lls 1	10 212), 86	1715	VEER	n	AKHAN	/

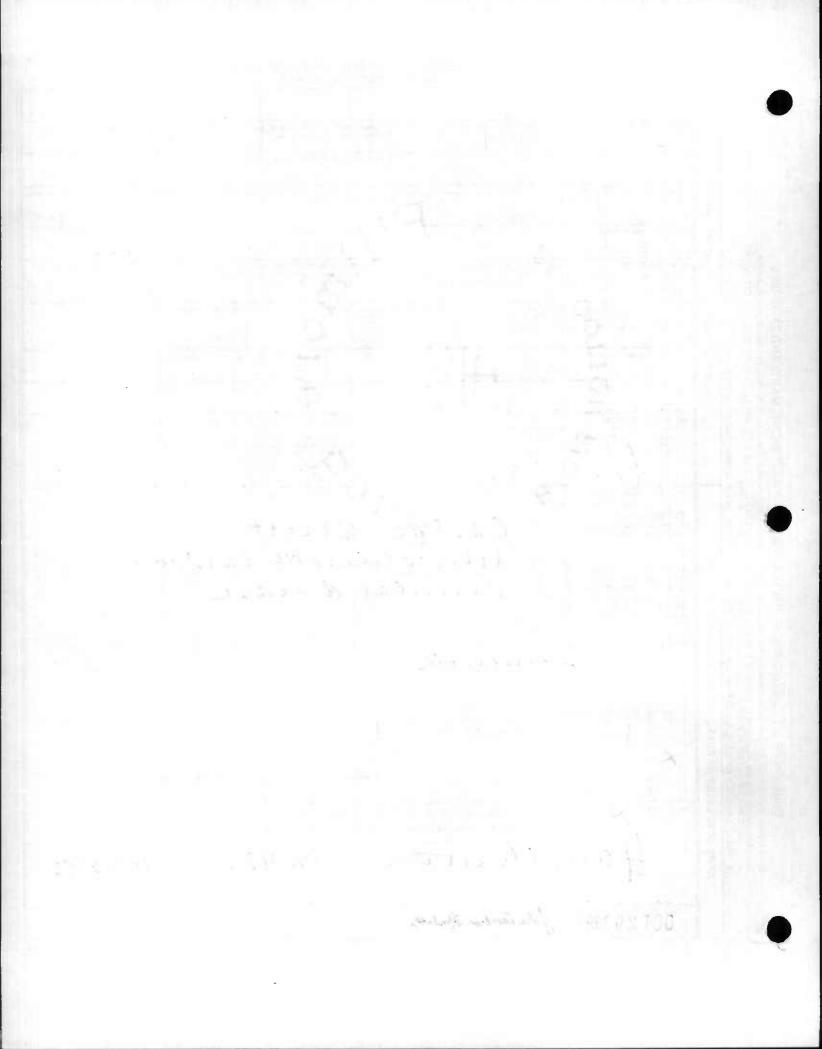
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		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO:							
	Î	1. DECEDENT'S NAME (First, Middle, Lost)	bauer			2. DATE OF DEATH DAY	YEAR 121 1CPM			
2		4. SOCIAL SECURITY NUMBER 236-52-4787	5. SEX 6. AGE (II		FUNDER 1 YEAR IF UNDER 24 HRS. WITHE DAYS HOURS MIN.	7. DATE OF BIRTH (Mgrith, Day, Abar)	8. BIRTHPLACE (State or Foreign Country) WVCl			
2, 3 should	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNT	Baltimor		OWN OR LOCATION		10d, INSIDE CITY LIMITS? 1 YES 2 NO			
18.	ERAL	3 Daystar Ct.	10f. ZIP CI			206 log. 0	USA			
215-0020 attending physician. ise as the burlal-transit	BY FUNE	11. MARITAL STATUS 1			13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexic 1 YES 2 NO Specific	14. RACE — American Indian, Black, White, etc. Specify: White				
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	APLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12) 12	Cation completed) Coffege (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n Sales C	done during most of working mired.)	J.C. Penne				
MARYLAND 2 retained by the hospital 5 should be detached its notified at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest) Mark Taylor		-10	18. MOTHER'S N	S NAME (First, Middle, Melden Surneme)				
	TO B	194. INFORMANT'S NAME (Type/Print) Theresa Beckner		196. MAILING AE	PORESS (Street end Number or Aura Bee Tree Mill	Route Number, City or Town, State, Ct. Parkton, N	Zio Code) (D) 21120			
ORE ector, pa		20e. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State come	PLACE AND DATE OF I	iis 10	-26-92 Baltin	- City or Town, State COICE, MI)			
SALT death. e funer al. exami										
ed within 24 hours completely filled in all cremation, or re-		23. PART t. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Swar	the death. Do not ch line. CONSEQUENCE OF):	O 11	ch as cardiac or respiratory	Approximate Interval Between Onset and Death			
P.O. BOX th certificate be ending physician I Hygiene prior is or other traur	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	leading to immediate Enter UNDERLYING (Disease or injury Itlated events DUE TO (OR AS A CONSEQUENCE OF):							
를 들을 들	甘	PART II. Other significant condition	a contributing to death bu	t not resulting in	the underlying cause given in	Part I. 24s. WAS AN AUTOPS PERFORMED?	MAILABLE PRIOR TO			
THE requirements	N: MEDIC					1 YES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
VIIAL JIAN: The law ritificate has the State Dept or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence					
G PHYSIC or this ce ith with th	1 Detailing		26s. DATE OF INJURY (Month, Day, Year)	26b. TIME C	P 28c. INJURY AT WORK? M 1 YES 2 NO	284. DEŞCRIBE HOW INJURY	OCCURED			
OR ATTENDING DIRECTOR: After hours after death lem 28 is ma	ETED !	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY - building, etc. (Specif	At home, ferm, stre	26f. LOCATION (Street end Num City or Town, State)	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
異国に=	COMPL		e to the cause(s) and manner as a e time, date end place, and due to	stated, o the cause(s) and manner as stated.						
TO THE HOSPI TO THE FLINES See Sted within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	رس رس	OFFICE	R	JMBER 29d. D	ATE SIGNED (Morth, Day, Year)			
(A		30. NAME AND ADDRESS OF PERSON WH BY ROW H. S. 31. DATE FILED (Month, Day, War)	O COMPLETED CAUSE OF DEA M MO NO IN 1 32 BEGISTRAR'S SIGNA	P 25	Forestand to	boss-stolet	Baltimone			
		OCT 26 1992 9	who Davidson Jan	die		·				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	1
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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	lora L. Kelley		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 214-40-4174 90. FACILITY NAME (If not institution, give a	5. SEX 8. AGE (In	yrs. last birthdey) #F UN YRS.	DER 1 YEAR SF UNDER 24 HRS. 16 DAYS HOURS MIN.	(Month, Dey, Wer) Country) 12/09/02 Alabama					
DIRECTOR	Holly Hill Manor	Nursing Home	96. 0	Towson		Baltimore				
L DIRE	Maryland Balt	imore		N OR LOCATION		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☐XNO				
ERA	531 Stevenson Lan	e		101. ZIP CODE 21204	109	10g. CITIZEN OF WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 _ YES IF YES, GIVE WAR OR DATE	2 3NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specif	an, Puerto Rican, etc.)					
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) Coflege (1-4 or 5+)	6a. DECEDENT'S USUAI (Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF BUSINES					
COMPLET	17. FATHER'S NAME (First, Middle, Last)	4	Teache		School					
	Louis Lit	tman			AME (First, Middle, Maiden Sum					
TO BE	19a. INFORMANT'S NAME (Type/Print)	Citari	19b. MAILING ADDR	ESS (Street end Number or Rural	ITY LOU GRICE Route Number, City or Town, Sta					
-	Mrs. Priscilla L.			cks Mill Rd.,		MD 21111				
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from State camete	EACE AND DATE OF DISI	ce)		ON — City or Town, Slate				
	21. SIGNATURE OF UNERAL SERVICE LIC	CENSEE	/ /	22. NAME AND ADDRESS OF FA	CILITY	timore, MD				
	· Aluany	1. Kinico		ROBERT C. ALT						
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, landing to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
MEDICAL	PART II. Other significent condition	OPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
BY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation 1 YES 2 NO								
ETEC	4 Homicide determined City or Town, Stete)									
COMPLETED		CIAN: To the best of my knowled				as stated, e to the ceuse(s) end manner se stated.				
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Mari	T	29c LICENSE NUI	MBER 29d	d. DATE SIGNED (Month, Day, Year)				
	Dr., Hans Koetter	MD Suite 3	15 7600 Os	sler Dr., To	wson, MD 2	1204				
	OCT 26 1992	June Davidson-As								



2 A.M. 6. BIRTHPLACE (State or Foreign Country)
NORTH CAROLINA

Approximata Interval Between Onset and Death 3 days

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

21211

FOR STATE REGISTRAR

t. DECEDENT'S NAME (First, Middle, Last)

RICHABIP

OCT 2 6 1992

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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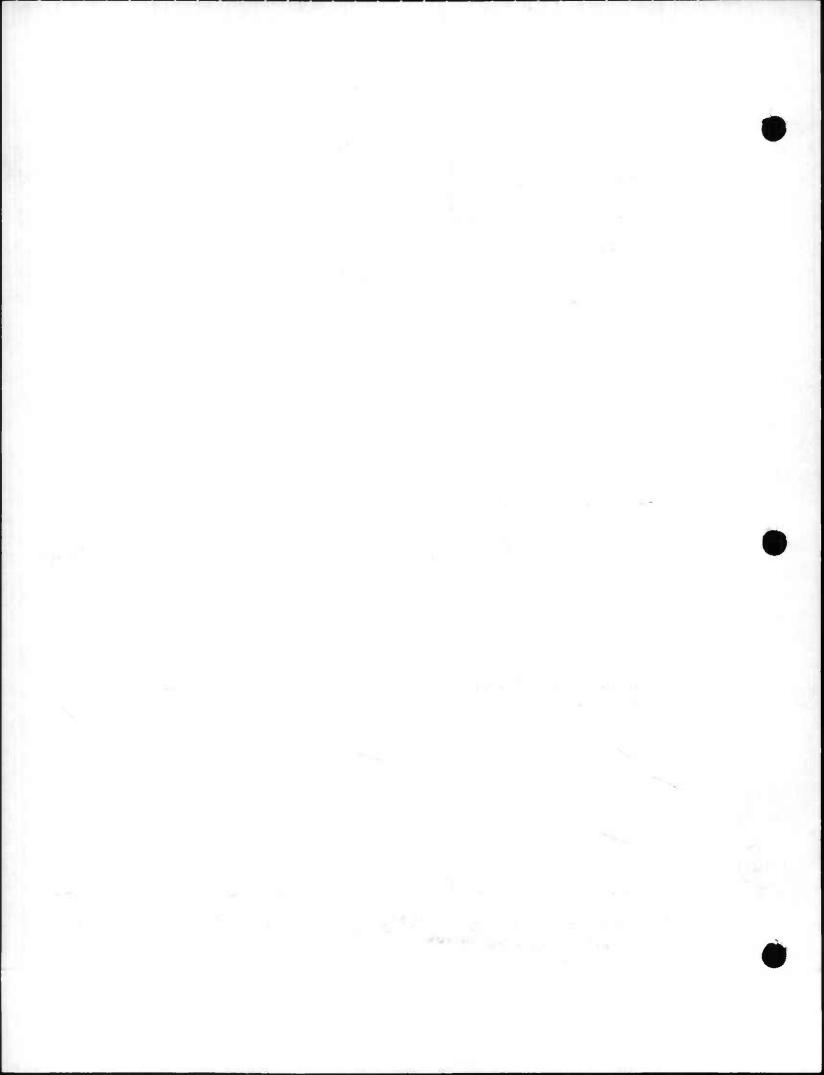
	- 1	t. DECEDENT'S NAME (First, Middle, Las WILLIAM		30						MONT		MY	YEAR	3. TIME OF DEATH
		WILLIAM KING 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)							DETI 24 HRS.	10				2 A.M.
		243070890	1 M 2 F	76	YRS.	IF UNDE	DA	-		(Mont	OF BIRTH		Counti	
pino		9a. FACILITY NAME (If not institution, give		70		96 CIT	Y TOW	MH OB LOC	ATION OF DE	04	19	16		TH CAROLIN
3 should	Œ	MERIDIAN NUR		·- HO	MEMOOD			LTIM		AIN		Sc. COUR	IIY OF D	EAIH
1, 2,	DIRECTOR	RESIDENCE OF DECEDENT	JING HOLLE	110.	ILLWOOD		IJ.	YI'L TAN	OKE					
Spor	H	10a. STATE 10b. COUN	TY		10c. CfT	Y, TOWN	OR LC	CATION						10d. INSIDE CITY
. F		MARYLAND				E	BAL'	TIMOR	E					t XYES 2 NO
5	FUNERAL	10e. STREET AND NUMBER						10f. ZIP C				10g. CITIZEN OF WHAT COUNTRY?		
an. ransi	NE I	4120 BUENA V							1211			USA		
-AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit permit. Pages 1,	BY FU	1t. MARITAL STATUS t Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 Tyes 2 Tyno IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2∑∑NO Specify:				? (Specify Ye Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:			
as th		ts. DECEDENT'S EC	I .			1						1		WHITE
or aft	COMPLETED	(Specify only highest gra	de completed)		16a, DECEDENT'S (Give kind of life. Do NOT u	work done	durino	MATION 7 most of wo	orking	16b	KIND OF BU	SINESS/IND	USTRY	
D Dital	7	Elementary/Secondary (0-12) 9TH	College (1-4 or 5	+)	MECH						DIECI	יו ייי	10170	
AND 2. The hospital of detached for once.	8	17. FATHER'S NAME (First, Middle, Last)	<u></u>		FIECH	ANIC	_	1 44 44	OTHER'S NA	ME /El-1	ULLS!		TRUCKS	
Y 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				K	INC						OVERBY			
MARYLAND retained by the hospit 5 should be detached notified at once.	B	19a. INFORMANT'S NAME (Type/Print)		ADDRES	S (Stn	net and Num					Codel	-		
	2	EVELYN KING								I Route Number City or Fown, State, Zip Code) ENUE, BALTIMORE, MD. 21211				
RE, may be x. page		20a. METHOD OF DISPOSITION		20b.F	PLACE AND DATE	OF DISPO	SITIO		A AVL	DAT		CATION —		
TOR e 6 ma ector. p		X Burlet 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	Cerno	tery, crematory or o	thar place	1	*	PARK	1				
BALTIMORE, er death. Page 8 may be the funeral director, page val.		21. SIGNATURE OF FUNERAL SERVICE	JCENSEE			22.	. NAM	E AND ADD	RESS OF FA	CILITY				
ALTIN death. Pag tuneral dir i.		> 11 118 a	~ See	to	1/2	1	Α.	ALAN!	SEITZ	Z, JF	. FUN	ERAL	HOMI	2
B, after of the by the omoval.		23. PART I. Enter the diseases, or	complications the	t caused	the death Do	not ente	381	8 RO	LAND A	VENI	IE BA	LTIMO	RE.	MD. 21211
within 24 hours after pletely filled in by the cremation, or removal rent, the medical		shock, or heart fallure	. List only one cau	se on eac	ch line.	iot ente	i tire	mode of	dynig, suci	II ala Cart	nac or resp	aratory arr	eat,	Approximata Interval Betwe
24 n filler tion,		IMMEDIATE CAUSE (Final disease or condition	Pag											Onset and De
760, od within 24 ompletely fills il, cremation, event, the	ł	resulting in death) a. DUE TO (OR AS A CONSEQUENCE					CE OF):					3 days		
N 8 5 % 6	_	_		(0117671	oonoedoenoe o	. ,.								
	CATION	Sequentially list conditions, if any, leading to immediate	b	(OR AS A C	CONSEQUENCE O	F):								
BOX ficate be ex physician a ne prior to	3	cause. Enter UNDERLYING	c.											
of physical property of the physical ph	Ē	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A	CONSEQUENCE O	F):								
	CERTIFI	resulting in death) LAST	d											
RECORDS, P.O. equires that the death certil en signed by the attending of Health and Mertal Hygies hows any injury, or other		PART II. Other algnificant condition	ona contributing to	death but	t not resulting	in the u	nderi	vina caus	e given in	Part I	24s. WAS AN	AIFTORSY	246	. WERE AUTOPSY FINDING
ECORDS, quires that the de n signed by the at I Health and Ment ows any injury	DICAL	Alzheimer:						,	• • • • • • • • • • • • • • • • • • • •		PERFO	RMED?	1	AMILABLE PRIOR TO COMPLETION OF CAUSE
SECOF equires that en signed I of Health a	MED	Diabeles								-	1 TYES	NO		OF DEATH?
Sho of s	- 14									-				1 TYES 2 NO
F VITAL RE SICIAN: The law req certificate has been in the State Dept. of or item 23 sho	AN	25. WAS CASE REFERRED TO MEDICAL	T				26	PLACE OF	DEATH (Ch	ack only or	-			
N: The N:	SICI	EXAMINER?	HOSPITAL:	ED/Output	there a \square non	OTHE	R:				111		_	
PHYSICIAN: this certifical with the St inked, or it	PHY	27. MANNER OF DEATH	28e. DATE OF		28b, TIM	_	_	INJURY AT	Residence		CRIBE HOW	IN ILIBY OCC	TIBEO	
NG PHYS fer this ceath with marked		1 Natural 5 Pending	(Month, E	lay, Year)		URY M		WORK? YES 2		200. 524	ONIOL HOW	illustrii occ	Ones	
NDING NDING Sterry death	À I	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE C	F INJURY -	At home, farm,	street, fac				28f. LOC	ATION (Street	and Number	or Burnt F	South Number
VISION ATTENDING ECTOR: After s after death	ETED	4 Homicide 6 Could not be determined	building,	etc. (Specify	y)		,				or Town, State		01 / 101 11 1	ionie ivanion,
	9	290. CERTIFIER	CICIANI TO MA LANCE	and the second	446	Gilla.	1100	PIL SAVE		200				
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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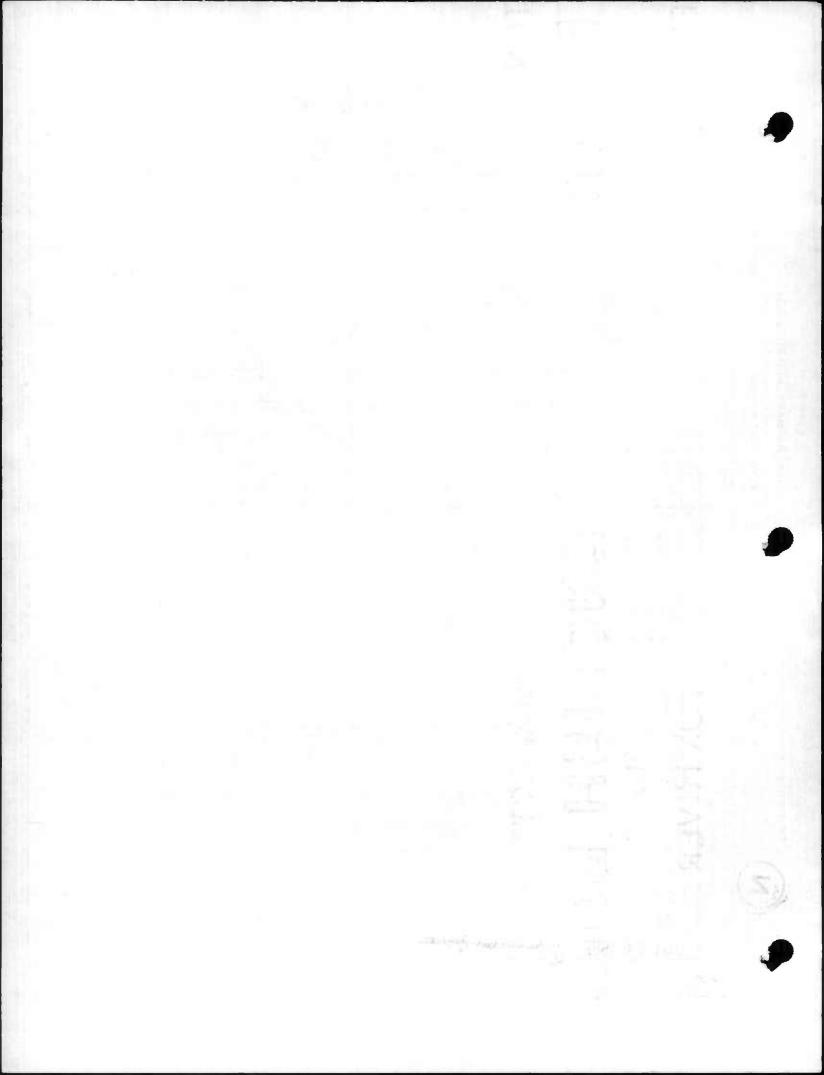
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1. DECEDENT'S NAME (First, Middle, Liist) Joseph G. Lawn									2. DATE OF DEATH MONTH DAY YEAR 10 22 1992				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest birthday		IF UNDER 1 YEAR		IF UNDER	IF UNDER 24 HRS.		OF BIRTH			PLACE (State or Foreign	
	193 18 00	193 18 0043		74	YRS. MO		DAYS	HOURS	MIN.	(Month	Day, Year) 29/19	17	Countr	y)
	9a, FACILITY NAME (If not in		street and number)			9b, CITY	. TOWN	OR LOCATION	ON OF DE		23/13		NTY OF D	nsylvania
OR B	3505 Hor		venue					nore		Cit	У			
2	10a, STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN (OR LOCA	TION						10d, INSIDE CITY
FUNERAL DIRECTOR	Maryland	==			E	Balti	more	∋						LIMITS? 1 X YES 2 NO
¥	10e. STREET AND NUMBER						10	f. ZIP COD				10g. CIT	IZEN OF V	VHAT COUNTRY?
岁	3505 Hort	on Ave	enue					212	225			Ţ	J.S.	A.
BY FU	11. MARITAL STATUS 1 Never Merried 2 3 3 Widowed 4 Divo		FORCES?	NT EVER IN U.S. AF 1 TYES 2 TH WAR OR DATES		1 7	If yes, sp		n, Maxica	n, Puerto F	? (Specify Yea licen, etc.)	or No—	14. RACE Black Speci	- American Indian, t, White, etc. fy: White
	15. DEC	EDENT'S EDU	ICATION	18a. DE	CEDENT'S	USUAL O	CCUPATI	ON		16b.	KIND OF BUS	SINESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (C)-12)	College (1-4 or 5	+)	ive kind of Do NOT u			ost or workii	ng		Federa	a1 D:	nor	
MP					uper	VISOI							aper	
BE CO	17. FATHER'S NAME (First, M		William	Lawn				18. MOT	Mai		Nodie, Malden Ruth	Stepl	nens	
2	194. INFORMANT'S NAME (b. MAILING						er, City or Tow Limore			nd 21225
	20a. METHOD OF DISPOSIT			20b. PLACE	AND DAT	E OF DISP	OSITION		_	DATI		CATION -	- 10	
	20a. METHOD OF DISPOSITION 1 R Burlei 2 Cremetion 3 Removat from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) Clen Haven Memorial Park 10/24 Glen Burnie,									e, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE							ND ADDRE		CILITY				
	George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md.													
NO	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions. Onset and Death Onset and Death Onset and Death										Unset and Death			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST													
H	d.													
MEDICAL (PART II. Other significent conditions contributing to death but not re					ing in the underlying cause given in Part			Part I.	rt I. 24a. WAS AN AUTOPSY PERFORMED?			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
_									OF DEATH? 1 ☐ YES 2 X NO					
IAN	25. WAS CASE REFERRED 1	O MEDICAL					26. F	LACE OF E	DEATH (Ch	neck only or	10)			
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpetlent	3 DOA	OTHE	R:	1.			·			
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5	Pending	28a, DATE O		28b. TII		ursing Home 5 Residence 6 Other (Specify) 28c. INJURY AT WORK? 1 YES 2 NO							
TED BY	2 Accident Investigation 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office 28i. LOCATION							ATION (Street or Town, State)	ON (Street and Number or Rural Route Number, own, State)					
COMPLETED	Torroom ormy		BICIAN: To the best of											s) and manner as stated.
BE	206) SIGNATURE AND TITLE	OF CERTIFIE	en WV	Hou	ise o	Uve	/		D 3 8	MBER 3993	3	29d. DA		23 (QZ
10	30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CA	USE OF DEATH (ITE	EM 27) (Typ		en					V4.17		1721201
1	OCT 26 19	192 /	32. REGISTI	AR'S SIGNATURE	2	YIC		_ 0	. 100		- 0011	,	V	,

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3. TIME OF DEATH

REG NO

2. DATE OF DEATH

FOR STATE REGISTRAR

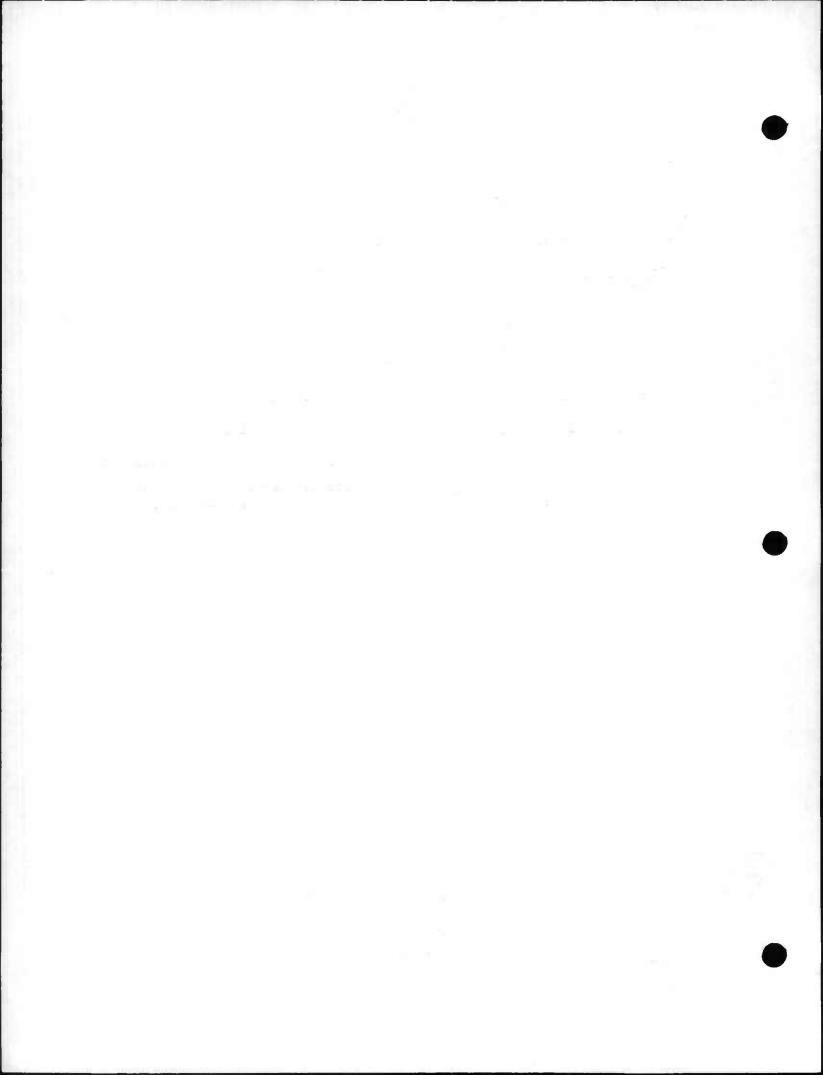
1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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pscomo 10 5. SEX 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 [] M 2. 汉 F 216-07-8032 Maryland 6-16-18 page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH RESIDENCE OF DECEDENT DIRECTOR IMORE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland Baltimore 1 YES 2 X NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7012 Heathfield Road 21212 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES XX NO Specify: 14. RACE — American Indian, Black. White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XNO 1 Never Married 2 Married BY Specify 3XXWidowed 4 ☐ Divorced white COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) 12 years N/A Homemaker own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Antonio DeVries Carrie Kroth 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 David M. Lipscomb (son) 1006 Tamworth Rd. Bel Air, MD 21015 e 20e. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Re
4 Donation 6 Open (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must filled in by the funeral director, on, or removal. Loudon Park Cemetery 10/28 Baltimore City medical examiner RAL SERVICE LA 22. NAME AND ADDRESS OF FACILITY hours bosep Mitchell-Wiedefeld Home Inc. Thomas Josph Bozek 6500 York Road, Baltimore, MD 21212 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one ceuse on each line. Interval Betw 5 IMMEDIATE CAUSE (Final Onset and Death completely filled irial, cremation, c the disease or condition 284 15 chemic inferreted resulting in death) event, and com traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, anding physician an Hygiene prior to b DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other i DUE TO (DR AS A CONSEQUENCE OF)that initiated events resulting in death) LAST the atten Mental H 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY PERFORMED? Health and N 1 TYES 2 NO OF DEATH? has been s Dept. of H 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ne 5 🗆 Residence 6 🗆 Other (Specify) 4 - Nursing He 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY this c 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO After t BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 3 Suicide COMPLETED 6 Could not be DIRECTOR: / 28 4 Homicide MPORTANT: If item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. I MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated, BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10 912 125 192 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ronald Berger Baltimore, MD 3101 Northbrook Rd 21208 32. REGISTRAR'S SIGNATURE who Day don Broke 12

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ANNA E. LIPSCOMB



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FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) DELLA MOTLEY 2. DATE OF DEATH 3. TIME OF DEATH 835 10 2 4. SOCIAL SECURITY NUMBER 228-36-4691 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Fo IF UNDER 24 HRS. 1~11-2" BAUT - CITY 1 0 M 2 F detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not instit SEATTY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Mercy Medical DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d, INSIDE CITY mi LIMITS: FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 21202 USA executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ADMI FORCES? 1 YES AND 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whits, etc. 1 Never Married Black IF YES, GIVE WAR OR DATES. BY 3 📋 Widowed 4 Div COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life, po NOT use ratined.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) ise Wi at once. 17. FATHER'S NAME (First, Middle, Last) R'S NAME (First, Middle, Meiden Surname) THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BE notified 19s. INFORMANT'S NAME, (Type/Print) 2 must be METHOD OF DISPOSITION PLACE AND DATE OF DISPOSITION netion 3 🗆 n 5 C Other Glosoft examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE or other traumatic event, the medical 23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, Approximata shock, or heert failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final disease or condition_ 2 weeks resulting in death) lon DUE MEDICAL CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS arthma MAILABLE PRIOR TO Item 23 shows any COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 YES 2 NO BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 YES 2 NO OTHER: atlent 2 - ER/Outpatient 3 - DOA 6 TO THE HOSPITAL DR ATTENDING PHYSICIA
TO THE FUNERAL DIRECTOR: After this certil
be filed within 72 hours after death with the
IMPORTANT: If Item 28 is marked, or 27. MANNER OF DEATH DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) BE COMPLETED 6 Could not be 4 Homicide ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMI ER: On the besis of examination and/or investigation, in my opinion, do coursed at the time, date and place, and due to the cause(s) and manner se stated. 296. SIGNATURE AND TITLE OF CERTI 29d. DATE SIGNED (Mohith, Day, Year)

18/21/97 02248 hams 2 HO COMPLETEO CAUSE OF GEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF P STUDRI SBOZAC DUL TI. MATE FILED-(MINITE Day., Year) 32. REGISTRAR'S SIGNATURE R1603 Porter.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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HOSPITAL DR

FUNERAL within 72 h IMPORTANT: II

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LIDH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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COCUTOC	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	atic e
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L.R.B 92 29542 92-6071-510 ITEMS: 23 PART I,27,28a,b ,d,e,f PER MEO G-693 11/18/92 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1992 YEAR 100 Donna Miller 7:42 A 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign OCT. 18, 1959 HOURS 215-86-3312 DAYS 1 M 2 X F 33 YRS. MARYLAND 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3400 Esther Place Baltimore City. RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 | NO FUNERAL 10o. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2514 ASHTON STREET 21223 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY intary/Secondary (0-12) College (1-4 or 5+) 10TH GRADE HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) JOHNNY MILLER ZOLA BISHOP BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 JAMES C. MILLER 2514 ASHTON STREET - BALTIMORE, MD. 21223 20a. METHOD OF DISPOSITION
1 Description 2 Cremation 3 Remarks 20c. LOCATION — City or Town, Stats 20b. PLACE ANODATE OF DISPOSITION (Name of DATE LOUDON PARK CEMETERY 4 Donation 5 Other (Specify) 10/26 BALTIMORE 21. SIGNATURE OF FUHERFAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
HUBBARD FUNERAL HOME INC. Louis 4107 WILKENS AVENUE-BALTIMORE, MD. 21229 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final DESIPRAMINE AND ALCOHOL INTOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 \(\text{Nursing Home} \) 5 \(\text{Nesidence} \) 6 \(\text{Other (Specify)} \) 1 XYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending FOUND: 10/23/92 1 YES 2 NO SUBJECT INGESTED DRUGS WITH ALCOHOL 2 Accident 7:30 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3400 ESTHER PLACE 3 XXSuicide 6 Could not be determined 4 Homicide BALTIMORE. MARYLAND 29a, CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dats and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

111 Penn Street, Baltimore, Maryland

29c. LICENSE NUMBER

O.C.M.E.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

36 MEGISTRAN'S SIGNATURE PANDELL

OHMH-16 Rev 1/89

29d. DATE SIGNEO (Month, Day, Year)

10/23/1992

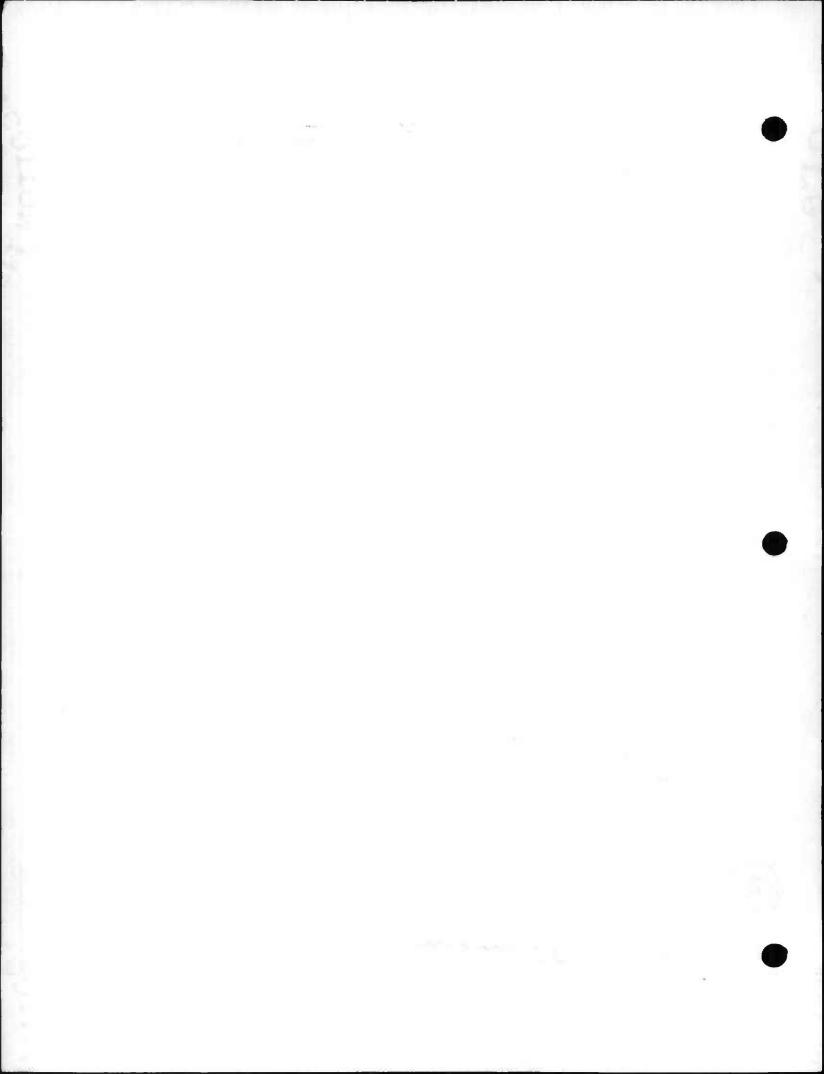
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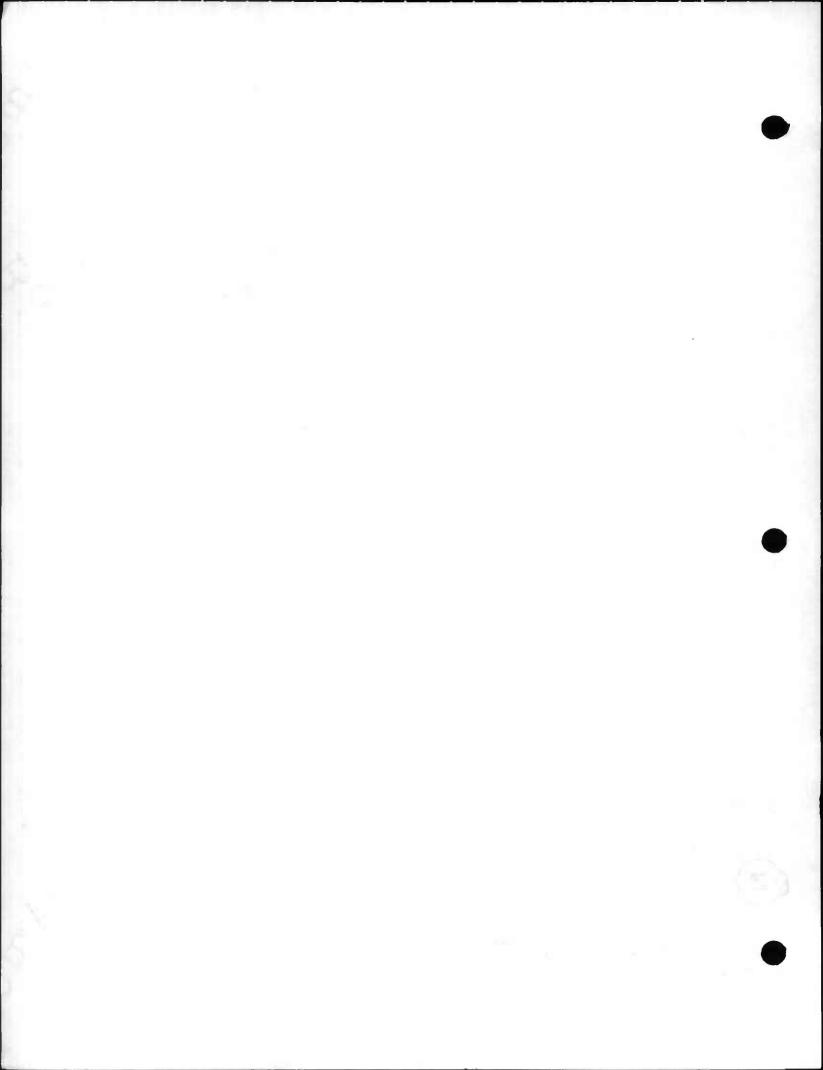
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35	1. DECEDENT'S NAME (First, Middle, Last)	P	Mas	reh	JR.		TE OF DEATH DA	2 9	3. TIME	OF DEATH	
		5. SEX 8. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DA (M	TE OF BIRTH orth, Day, Year)	18	BIRTHPLACE (S Country) Marvlar		
œ	9a. FACILITY NAME (If not institution, give stre Harbor Hospital			9ь. сту, тоwn Baltin	OR LOCATION OF	DEATH			Y OF DEATH	10	
18	RESIDENCE OF DECEDENT	- Center		Daiti	iore (LLLY					
DIRECTOR	10e. STATE 10b. COUNTY	Limene Geres		Y, TOWN OR LOC						IDE CITY	
	Maryland Balt	timore Count	у В	altimore	Of. ZIP CODE			10a CITIZE	1 YE	S 2 X NO	
ER/	3925 Annapolis H	Road			21227			U.S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 A Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D WO'LD WAY	2 NO	If yes,	CENDENT OF HISP pecify Cuban, Mexic S 2 NO Spec	cen, Puer		or No 14	14. RACE — American Indian, Black, White, etc. Specify:		
0	15. DECEDENT'S EDUCA (Specify only highest grade or		16a. DECEDENT'S	USUAL OCCUPATION OF ITEMS	ION	T	16b. KIND OF BUS	INESS/INDUS		ite	
COMPLETED	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)	Ille. Do NOT u	ne Opera			Glass	Compa	nv		
111	17. FATHER'S NAME (First, Middle, Lest)	rank P. Ma	arch Sr		18. MOTHER'S N	AME (Fire	st, Middle, Maiden	Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Frank March III		196. MAILING 3925	Annapol	and Number or Rura is Road		umber, City or Town			1227	
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remov 4 Donation 5 Other (Specify)		PLACE AND DATE			1			e, Mary	/land	
	21. SIGNATURE OF FUNERAL SERVICE LICES	NSEE		22. NAME	NO ADDRESS OF F	ACILITY					
2	· Honra /	A Lrames	rouski	4001	Ritchie	Hwy	. Balt	imore,	, Md. 2	1225	
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition) a. Surancous (ance of the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or conditions, in any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that leithed water) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):										
CAL CERT	that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FINDINGS										
MEDI	24a. WAS AN AUTOPSY PERFORMED 1 VES 2 NO 2 NO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO										
PHYSICIAN:		HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	Check only	r one)				
HYS	1 YES 2 NO	1 Inpatient 2 ER/Outp	patient 3 DOA	4 - Nursing Ho	me 5 🗆 Residence	6 Cother (Specify)					
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY V	YES 2 NO	200.1	DEŞCRIBE HOW IN	JURY OCCU	MED		
0	3 Suicide 6 Could not be determined	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLET		AN: To the best of my know								mer ee stated,	
TO BE C	296. SIGNATURE AND WILE OF CENTIFIER	COMPLETED SAUSE OF DE	lound) UD	29c. LICENSE N	H.	2.	29d. DATE S	BIGNED (Mg/lin, D	1921	
	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S GIGN	ATH (ITEM 27) (Type	4	Horper	/ /	this pil	tal .	Crute	×	
	UCT 2 6 1992 gu	he Devidoon-Har	plate								



	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA				YGIENE EG. NO.		4000		
	1. DECEDENT'S NAME (First, Middle, Last) Donald C:	McClou	McCloud					72 3	5:50p		
	4. SOCIAL SECURITY NUMBER 223 36 2612 8a. FACIJITY NAME (If not Institution, give	1 🕅 M 2 □ F 5	9 YRS.	UNDER 1 YEAR	F UNDER 24 HRS. HOURS BINN,	7. DATE OF B (Morth, De) 5/29/	/1933	Viro	ACE (State or Foreign		
TOR	North And	ndel Hosp	ital "	Glen Bu	r LOCATION OF D	EATH		nty of DEA			
DIRECTOR	Maryland An	ne Arundel		own on locat n Burni					Od. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 7981 Nolpark C	ourt Apt. 3	01	101.	21061		1100	J.S.A.	AT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 57 YES IF YES, GIVE WAR OR DA	2 NO TES	If yes, spe	ENDENT OF HISPA letty Cuben, Mexico 2 NO Special	n, Puerto Rican		14. RACE — Black, V Specify;	American Indian, White, etc.		
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	CATION	18a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos tired.)	ON st of working	72 23		USINESS/INDUSTRY			
BE COMPLET	17. FATHER'S NAME (First, Middle, Last)	James Garfi	<u>Electri</u> eld	cian	7.0	ME (First, Middle	ethlehem Maldon Surnama) Coates	Steel			
TO BE	19a. INFORMANT'S NAME (Type/Print) Peggy McCloud		7981 No	lpark	Ct. Apt.	301		nie, l	Md. 21061		
	20a. METHOD OF DISPOSITION Section Comparison Comp										
	22. NAME AND ADDRESS OF FACILITY GEORGE J. GONCE Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 23. FART I. Enter the diseases, or contributions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
ATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	2 June	consequence of						Approximate interval Between Onset and Deati		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
MEDICAL	PART II. Other significant condition	ns contributing to death bu	it not resulting in t	he underlying	j cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	0	PERE AUTOPSY FINDINGS MILLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (C)		and the				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Ybar)	28b. TIME O	F 28c. INJU WOI	JRY AT		E HOW INJURY OC	CURED			
TED	3 Suicide 6 Could not be determined						N (Street and Number vn, State)	r or Aural Aou	te Number,		
COMPLE		ICIAN: To the best of my knowle ER: On the besis of examination							nd manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	>	7	2	D14	136	> (0/2	Porth, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WI Dayit S. Saw 31. DATE FILED (Month, Day, Year)	rney, M.D. 1	600 Crain	"High	ray Sw	#2016	Hen Bu	mio,	Md 21061		
	OCT 2 6 1992	32. REGISTRAR'S SIGNA	THE COL								



DIVISION OF VITAL RECORDS, P.O. BOX 6876, P. BALTIMORE, MANYLAND 21215-0020	
TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may no management and puts of any siden.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, once is about the purial-transit permit. Penex 1, 2, should	
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT If tem 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified.	

	1 - FOR STATE OF MARYLA	ND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT		
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH DAY	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (III	n yrs. last birthday) IF UNDER 1 YEAR IF UNDER	10 21	92 10:240 "
	577-54-9117 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YRS. MONTHS DAYS HOURS	24 HRS. MIN. 7. DATE OF BIRTN (Morgh, Day, 1987) 10 23 44	8. BIRTNPLACE (State or Foreign Country) DC
OR	90. FACILITY NAME (If not institution, give street and number)	Hal Riverdal		COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY
	100 STREET AND NUMBER	es adelphi N	DA	LIMITS?
FUNERAL	2500 Osage Street		83	USA
I S	11. MARITAL STATUS , 12. WAS DECEDENT EVER IN	U.S. ARMED 13. WAS DECENDENT O	F NISPANIC ORIGIN? (Specify Yee or Non, Mexican, Puerto Rican, etc.)	- 14. RACE — American Indian, Black, White, etc.
B	IF YES, GIVE WAR OR DAT	(US Army)	Specify:	Sports 1 ack
ETED	(Specify only highest grade completed)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS	S/INDUSTRY
P.E.	Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Yrs None	Engineer		\.
COMPL	17. FATNER'S NAME (First, Middle, Last)	18. MOTN	IER'S NAME (First, Middle, Maiden Surner	ne)
R	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street end Number	Anna Johnson	To Code
유	Shirley Mickens	SAME AS 10a,b,c,d		n, zip Code)
5		view, crematory to Street Good et ary		Gheltenham Md.
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	yland National Memo	s of FACILITY John T Rhi	aurel, Md.
	Juan Smill		h St NE, DC 2001	
	23. PART. Enter the diseases, or complications that caused	the death. Do not anter the mode of dvice	no auch as cardiac or respirators	Annual Annual
5	ahock, or heart failure. List only one cause on as iMMEDIATE CAUSE (Final	ch lina.	A Caratas of Touphason,	Approximata interval Between Onset and Death
5	iMMEDIATE CAUSE (Final disease or condition resulting in daeth)	ARALY A	mia	Interval Batwean Onset and Death
5	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions	ARRHY DE CONSEQUENCE OF): OSCIPROTE CA	mia nduvadalar l	Interval Batwean Onset and Death
5	immediate cause of an immediate cause. List only one cause on an immediate cause of condition and immediate cause. Enter UNDERLYING	ARALY A	mia	Interval Batwean Onset and Death
5	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events	ARRHY DE CONSEQUENCE OF): OSCIPROTE CA	mia	Interval Batwean Onset and Death
CERTIFICATION	anock, pr heart failure. List only one cause on as iMMEDIATE CAUSE (Final disease or condition resulting in death)	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	mia nduvadalar l	Interval Batwean Onset and Death
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CAL CERTIFICATION	anock, pr heart failure. List only one cause on as iMMEDIATE CAUSE (Final disease or condition resulting in death)	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	Mac Mac Mac Mac Mac Mac Mac An Autor	PSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CERTIFICATION S	anock, pr heart failure. List only one cause on as iMMEDIATE CAUSE (Final disease or condition resulting in death)	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	MGA Aduvalcular II. Ivan In Part I. 24a. WAS AN AUTOR PERFORMED?	PSY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL CERTIFICATION S	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but the significant conditions contributing to death but the significant conditions contributing to death but the standard cause on as in the significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE DF): It not resulting in the underlying cause g	MGA Aduvalcular II. Ivan In Part I. 24a. WAS AN AUTOR PERFORMED?	PSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CAUSE (Disease Dr Injury that injury that	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): 28. PLACE OF DE At not reaulting in the underlying cause g CONSEQUENCE OF): CONSEQUENCE OF): 28. PLACE OF DE WORK? M	Itvan in Part I. 24a, WAS AN AUTOF PERFORMED? 1 YES 2 NO NO 28d. DESCRIBE NOW INJURY NO 28t. LOCATION (Street and Nur City or Town, State) end due to the cause(s) and menner early at the time, date and place, and due	PSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO OCCURED The prior of Rural Route Number, The p

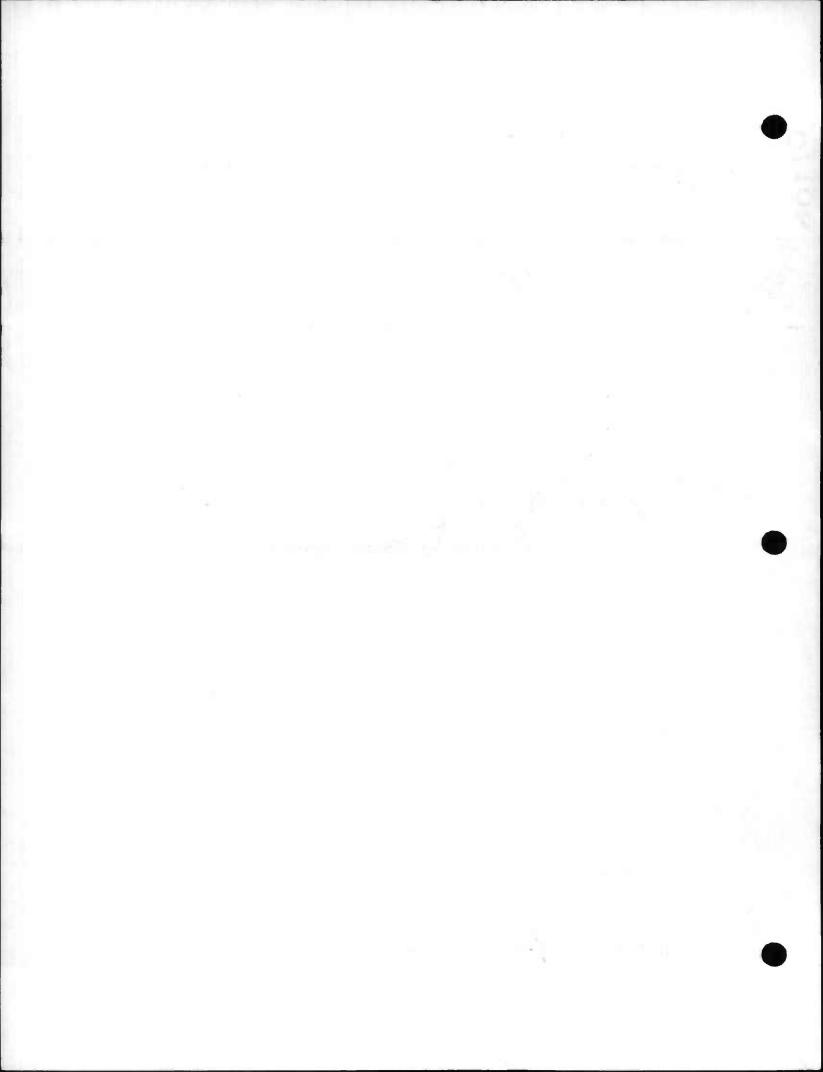
See A. M. Commission of the second se

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Item 1, Film 693, per F.H., 11/17/92 gn

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12 10 RICHARD LOUIS LUTS MATTINGLY 7:10 III 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 01-02-64 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR F UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Washington, DC 1/2 M 2 - F DAYS HOURS 212-88-8666 28 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR 15014 CHERRYWOOD DRIVE LAUREL PRINCE GEORGES RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Prince Georges 1 YES 2 NO Laurel FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 15014 Cherry Wood Drive 20707 USA pure 5 should be detached for use as the burial-transit arter death. Page 5 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES X X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 AO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1\(\) Never Married 2 \(\) Marri 3 \(\) Widowed 4 \(\) Divorced BY Specify White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Registered Nurse Patuxent Institute (Psychia 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Richard L. Mattingly notified at Virginia R. Hawk 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Richard L. Mattingly 510 Main Street, Laurel, MD 20707 9 20s. METHOD OF DISPOSITION
1) | World 2 | Cremation 3 | |
4 | Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must director. Lakemont temeterv Davidsonville, MD 10/16 examiner Fleck Funeral Home, 21. SIGNATURE OF FUNERAL SERVICE LICENSES Merze ş 7601 Sandy Spring Rd., Laurel, MD 20707 SCHOOLS. medical filed in by I 23. PART L'Enter the diseases, or c cations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only 8 IMMEDIATE CAUSE (Final Onset and Death has been signed by the attending physician and completely file. Dept. of Health and Mental Hygiene prior to burial, cremation, 1.23 shows any Injury, or other traumatic event, the I disease or condition UNXHO 中 WIENDIAN PHYSICIAN: The law requires that the death certificate be executed within ISION OF VITAL RECORDS, P.O. BOX 68760, OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 | NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Are this certificate I HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 NES 2 NO e Š∰Residence 6 □ Other (Specify) 9 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 29c. INJURY AT WORK? marked, 284 DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 10/12/92 :30P 2 Accident
3 Suicide
4 Homicide SUBJECT SHOT SELF 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) .22 COMPLETED 6 Could not be 損 Item 28 HOME CHERRYWOOD DRIVE 1
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated, (Check only one) IMPORTANT: III 2 MEDICAL EXAMINER: On the besis of examin ath occured at the time, date end place, and due to the cause(s) and manner as stated. HOS 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 五五百 O.C.M.E. ▶ 10/13/92 223 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GOLLE) 111 Penn Street, Baltimore, Maryland 21201 32. REGISTHAR'S SIGNATURE the Daydson-Randall



WHITE

Approximate Interval Between

Onset and Death

permit. Pages 1, 2, 3 should

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ysician and completely filled in by the funeral director, page 5 should be detached prior to burial, cremation, or removal.

DIRECTOR

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CERTIFICATION

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- 4	MOSFILL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h	UNITED THE THE After this certificate has been signed by the attending physician and completely filled	Ē.	Tall them 28 is marked, or item 23 shows any injury or other traumatic event, the
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATN MORAN JOSEPH G. 92 10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 218-09-8064 1 M 2 F YRS. 12 20 MARYLAND Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNION MEMORIAL HOSPITAL BALTIMORE CITY 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 🔯 YES 2 🗌 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 513 E. 30th STREET 21218 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rid 1 ☐ YES 2 XNO Specify: 1 Never Married 2 XMerried IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10TH INTERIOR DECORATOR PAINTING 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First Middle Maiden Surname) JOSEPH MORAN MARY (UNKNOWN) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ELLA L. MORAN 30th STREET, BALTIMORE, MARYLAND 21218 20e. METHOD OF DISPOSITION
1 XX Burtel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 X Burlet 2 Cremation 3 4 Donation 5 Other (Specify) OAKLAWN CEMETERY 10/26/92 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME an 3818 ROLAND AVENUE, BALTO. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition Man Lung - romine Lung Carcinema. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS 1 YES 2 NO

AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 AIO 4 - Nursing Nome 6 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation м 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 8 Could not be

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

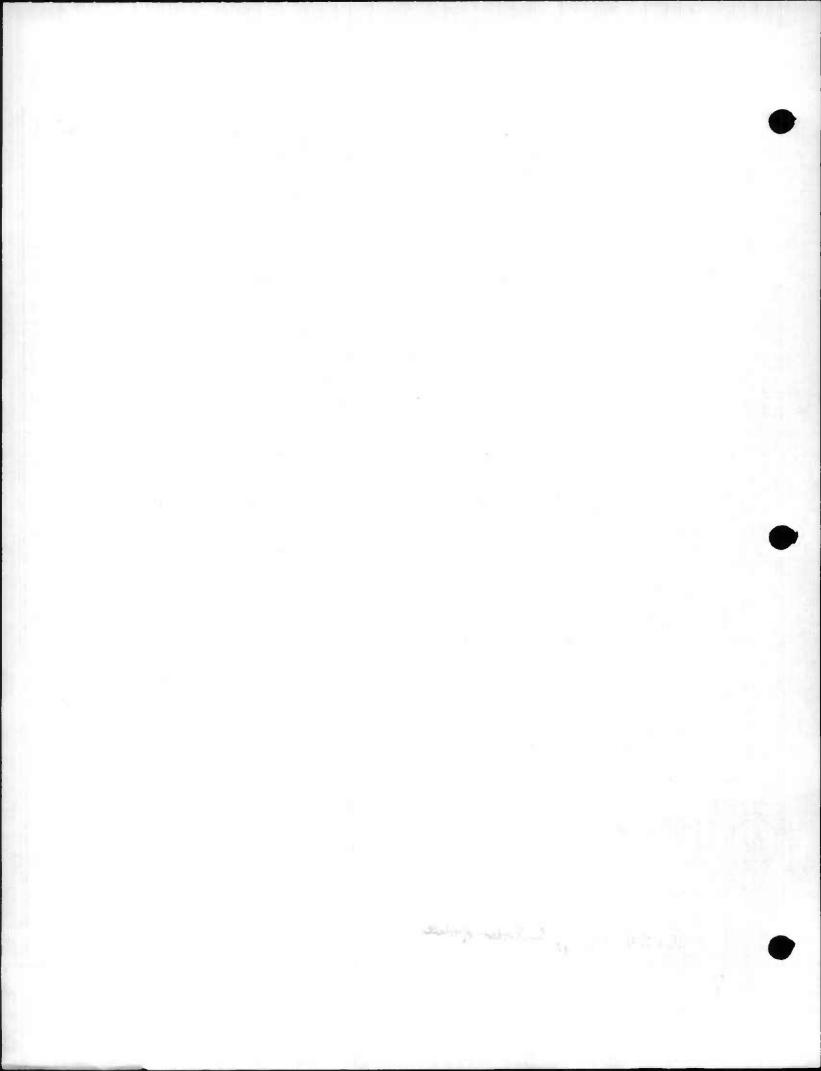
1 Juensonm 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. N. VELMOUROUGANE

July 32 NEOF BANS Spandade 31. DATE FILED (Month, Day, Year) OCT 2 6 1992

29d. DATE SIGNED (Month, Day, Year)

10/21/92



NATEMOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

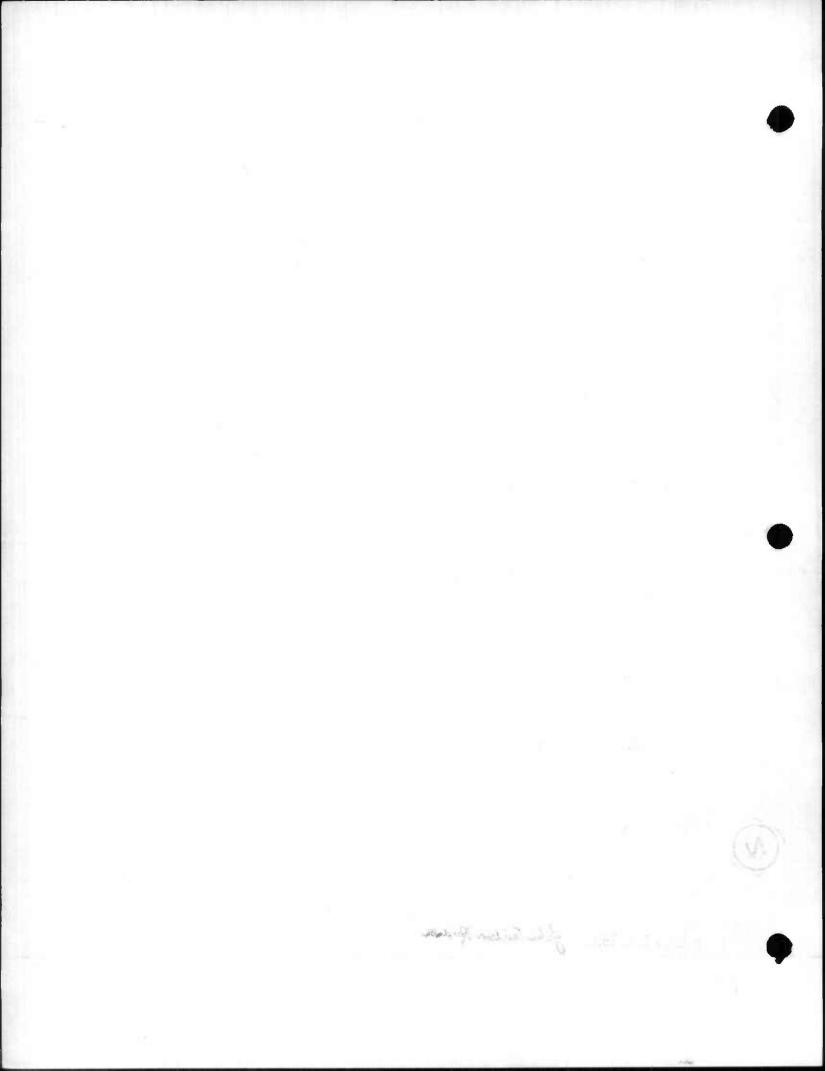
RIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TITURE After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should		
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FOR STATE REGISTRAR

92 29548 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH Mortannen

- 3	William	F.		10.16)0114				10	22	9	2	10,10 " M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)			IF UNDER		7. DATE OF (Month, D	BIRTH		6. BIRTHPI Country)	LACE (State or Foreign
	219-40-7943	1 M 2 🗆 F	49	YRS.	MONTHS	DAYS	HOURS	MIN.	06		43		ZLAND
	9a. FACILITY NAME (If not institution, give	street and number)			9b, CITY	, TOWN C	R LOCATIO	N OF DE		-	1-	ITY OF DE	
DIRECTOR	GOOD SAMARIT	AN HOSPIT	AL			BAI	TIMO	RE					
ច្ឆ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v		I 104 CIT	Y, TOWN C								
<u>E</u>	MARYLAND	•		IUC. CIT								1	IOd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				BA	LTIM							YES 2 NO
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BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Nerried 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 N			If yes, spe		, Mexica	NC ORIGIN? (1 n, Puerto Rici 1		or No—	14. RACE - Black, Specify:	- American Indian, White, etc. WHITE
	4 DECEMBER OF	1	Total con										
	15. DECEDENT'S EDI (Specify only highest grad	completed)	16a. DE	CEDENT'S	work done	CCUPATIO	ON st of working	9	16b. KI	ND OF BUS	BINESS/INDI	USTRY	
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COMPL	10TH		R	ETIK	ED -	POW	ER P					GAS &	ELECTRIC
_	17. FATHER'S NAME (First, Middle, Last)	DICK MON	0001/2012						ME (First, Midd				
BH	WILLIAM FREDE	ERICK MON					Tl	HERE	SA HEI	EN H	ARDEN	4	
0	19a. INFORMANT'S NAME (Type/Print) KATHLEEN MONTGOM	(EDI)							loute Number,				
		IERY	3	814	HICK	ORY	AVEN	JE,	BALTO	, MD	. 212	211	
l	20a, METHOD OF DISPOSITION 1 D Burlel 2 Cremation 3 Ren	noval from State	20b. PLACE	ANDDATE	OF DISPOS	ITION (Na	me of		DATE	20c. LO	CATION — C	Ity or Town	
ı	4 Donation 6 Other (Specify)		MOREL	AND	MEMO!	RIAL	PARE	10	/26/92	BAL	TIMOR	REM	ARYLAND
1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	£ 1		22.	NAME AN	ID ADDRES	S OF FAC	Z, JR.				
	· a. allas	1 Keis	2 h										21211
	23. PART I. Enter the diseases, or	complications that	caused the de	ath. Do r	not antar	the mo	da of dvir	na. such	as cardise	Dr respi	ratory arm	PID.	Approximata
	shock, or hasrt fallure.	List only one cau	eá on each line								,	,	Interval Between
l	iMMEDIATE CAUSE (Final disease or condition	Carlin	e arrest										Onset and Death
H	resulting in death)		OR AS A CONSEC	DUENCE O	n.								
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o O	Sequentially list conditions,		OR AS A CONSEC										
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other aignificant condition for the condition for the cause of th	DUE TO C. DUE TO d	COR AS A CONSECTION AS A CONSE	DUENCE OF CONTROL OF C	OTHEF OTHEF OTHER OT	28. PL. R: sling Home 28c. INJI WOI 1 Y Ory, office	ACE OF DE	NO NO and due	26t. LOCATH City or I	PERFOR YES 2 Decity) BE HOW II ON (Street a own, State)	MED? NO NJURY OCC	URED URED or Rural Rounded	MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH! YES NO NO NO NO NO NO NO NO NO NO NO NO NO N



BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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Balsi 10 aure 10 4. SOCIAL SECURITY NUMBER S SEX 6. AGE (In yrs. last birthday) IF UNDER t YEAR 7. DATE OF BIRTH (Month, Day, You IF UNDER 24 HRS. Y M 2 F MONTHS DAYE O 116 10 detached for use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH GRMC DIRECTOR ow son RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 2 Pawleys Court 21236 or death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican,

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most iffe. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) page 5 should be notified at Michael Naughton Regina Leah Ebsworth BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Regina Leah Naughton 2 Pawleys Ct, Baltimore, MD 21236 pe 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 20c. LOCATION -- City or Town, State Burlel 2 Cremetion 3 Removal from State in by the funeral director, r removal, cemetery, cremstory or other place) 4 □XDonetion 5 □ Other (Specify) 22. NAME AND ADDRESS OF FACILITYState Anatomy Board examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES Ronald Wade, Dir man alle 10-22-92 655W.BaltimoreST.,Baltimore,MD medical 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heert failure. List only one cause on each line. ó filled IMMEDIATE CAUSE (Fine) to burial, cremation, o the disesse or condition UXIA event, resulting in daeth) DUE TO (OR AS A CONSEQUENCE OF) or other traumatic DTULEC PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditiona, prior to OR AS A CONSEQUENCE OF: If any, isading to immediate cause. Enter UNDERLYING enalurite the attending physical Mental Hygiene p CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Juduc e has been signed by the attention of Health and Mental F m 23 shows any Injury, or PART II. Other significent conditions contributing to deeth but not reaulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? certificate han the State D 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 (X)Inpatient 2 (1) ER/Outpatient 3 (1) DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 27. MANNER OF DEATH 28c, INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED with w marked, 1 Natural 5 Pending Investigation BY 1 YES 2 NO After ti death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 90 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after d COMPLETED 6 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner ea stated. TO THE FUNERAL D be filed within 72 ho IMPORTANT: If In 2 __ MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 품 11 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALLE OF DEATH (ITEM 27) (Type, Print) REGISTRAR'S SIGNATURE 31. DATE FILED (Month,

which tenden Re

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

92 29549

8. BIRTHPLACE (State or

DEATH

10g, CITIZEN OF WHAT COUNTRY?

Specify:

USA

Timore

14. RACE — American Indian Black, White, etc.

Maryland

10d. INSIDE CITY

1 YES 2 NO

Approximeta

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE

DF DEATH? 1 TYES 2 NO

29d. DATE SIGNED (Month, Day Man

interval Batween

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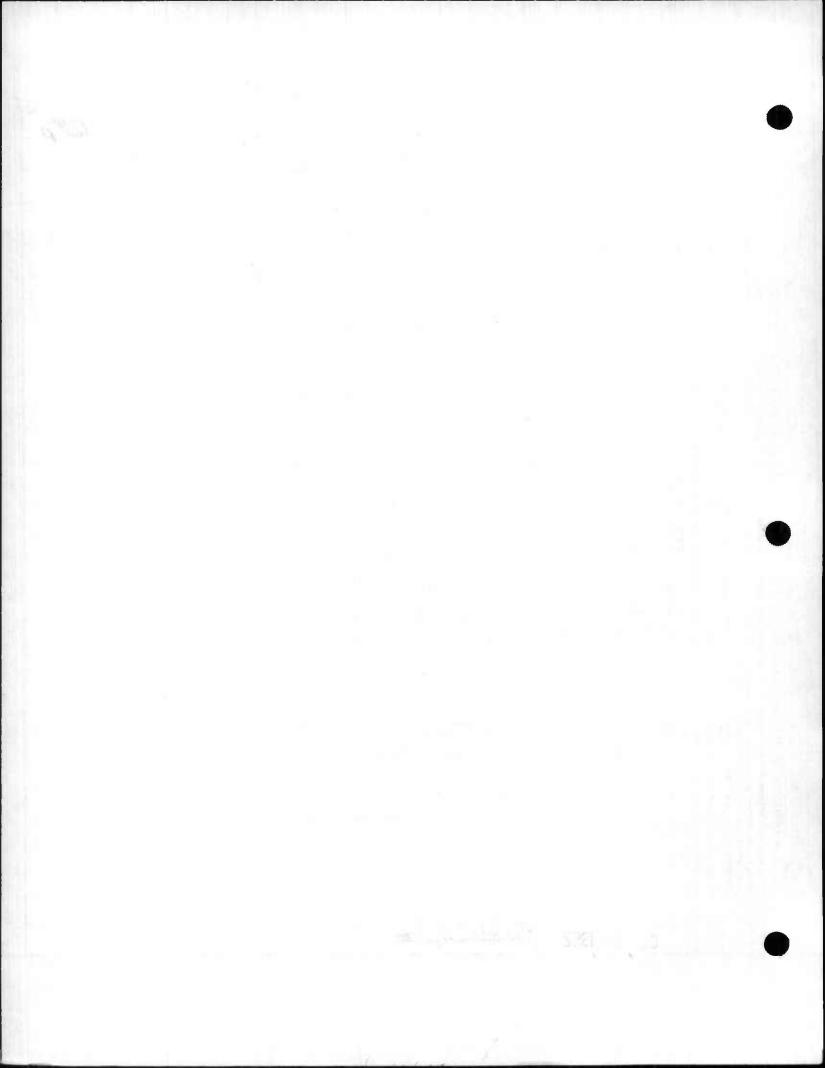
3. TIME OF DEATH

REG. NO

92

9c. COUNTY OF

2. DATE OF DEATH MONTH

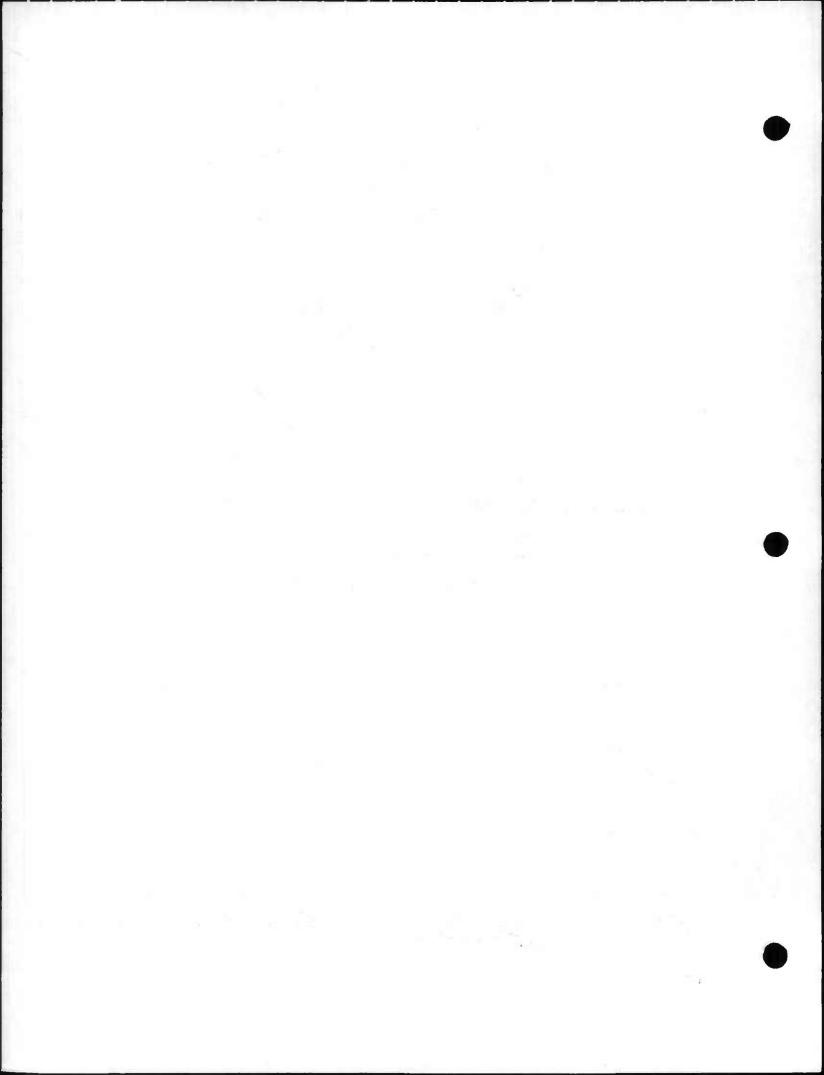


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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m. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	AL DIFFECTOR: After this certificate has been signed by the attending physician and completely filled in by the huneral director, page 5 should be detache		If them 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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53	n by	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	po
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STATE	OF MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEAT	ГН		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF H	DEATH		HYGIENE REG. NO.		
1. DECEOENT'S NAME (First, Middle, DORIS		MARIE O'KEEFE			2. DATE OF DEATH DAY OCT . 21, 1992		92 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-18-2175 94. FACILITY NAME (If not institution.	1 □ M 2 😾 F 67	(In yrs. last birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JUNE	BIRTH 5,192	5 8. BIRT	HPLACE (State or Foreign MARYLAND
	FT. SMALLWO	OD RD.	Pasa	dena	EATH		nne A	rundel
10a. STATE 10b. C	OUNTY ANNE ARUNDEL	10c. CITY	, TOWN OR LOCAT	ASADENA	1			10d. INSIDE CITY LIMITS? 1 YES 2 NO
104. STREET AND NUMBER	MALLWOOD ROAD)	101	21122	2	104	g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I	N U.S. ARMED		ENDENT OF HISPA Helfy Cuben, Mexico 2 NO Special	en, Puerto Rice		io— 14. RAC Blac Spec	E — American Indian, k, White, etc.
15. DECEDENT' (Specify only highest Elementary/Secondary (0-12)	S EOUCATION grade completed) College (1-4 or 5+)	Iffe. Do NOT use	rork done during mo e retired.)	N st of working	16b. K#	ND OF BUSINES		11112
8 th grade 17. FATHER'S NAME (First, Middle, La	none none	НОМЕМ	IAKER	18. MOTHER'S NA	ME (First, Midd	DOMES		
GEORGE A. BO		19b. MAILINO	ADDRESS (Street o		RGARET	(WAGNE	R)
Mrs. Rose Jai	boe	9321 F	t. Sma	llwood	Road	Pasa	dena,	MD. 211
1 Syburial 2 Cremation 3 4 Donation 5 Dishen (Specify	-A ME	netery, crematory or oth	DGE MEM 22. NAME AN MCCUL	LY FUNI	ERAL F	HOME C	F PAS	GE, HOWA ADENA ,MD 2112
23. PART I. Enter the disease shock, or heart to immediate CAUSE (Final disease or condition resulting in death)	a. RES C	A CONSEQUENCE OF	27	FAI			ry arrest,	Approximata interval Betwe Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A	A CONSEQUENCE OF):					
PART II. Other significent con-	ACONIC 7 (UA		n the underlying	cause given in	- 1	PERFORMED	7	N. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?			26. PL	ACE OF DEATH (C)	neck only one)			
1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out			5. Residence	6 Other (Sp	oecify)		
27. MANNEB OF OEATH Natural 5 Pending Accident Investigs		28b. TIME INJU	JRY WO	ĴRY AT RK? ES 2 □ NO	284. DEŞCRIBE HOW INJURY OCCURED NO			
3 Suicide 4 Homicide Could not be determined City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
	PHYSICIAN: To the best of my know AMINER: On the basis of examinatio							a) and manner as stated,
29b. SIGNATURE AND TITLE OF CER				29c. LICENSE NUI		29d	I. DATE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print) 7/9	PGN.N	SULA			ARNOUS N
31. DATE FILEO (Month, Day, Year)	July Day Son	History				4 5 4	, ,,,,	1 1000

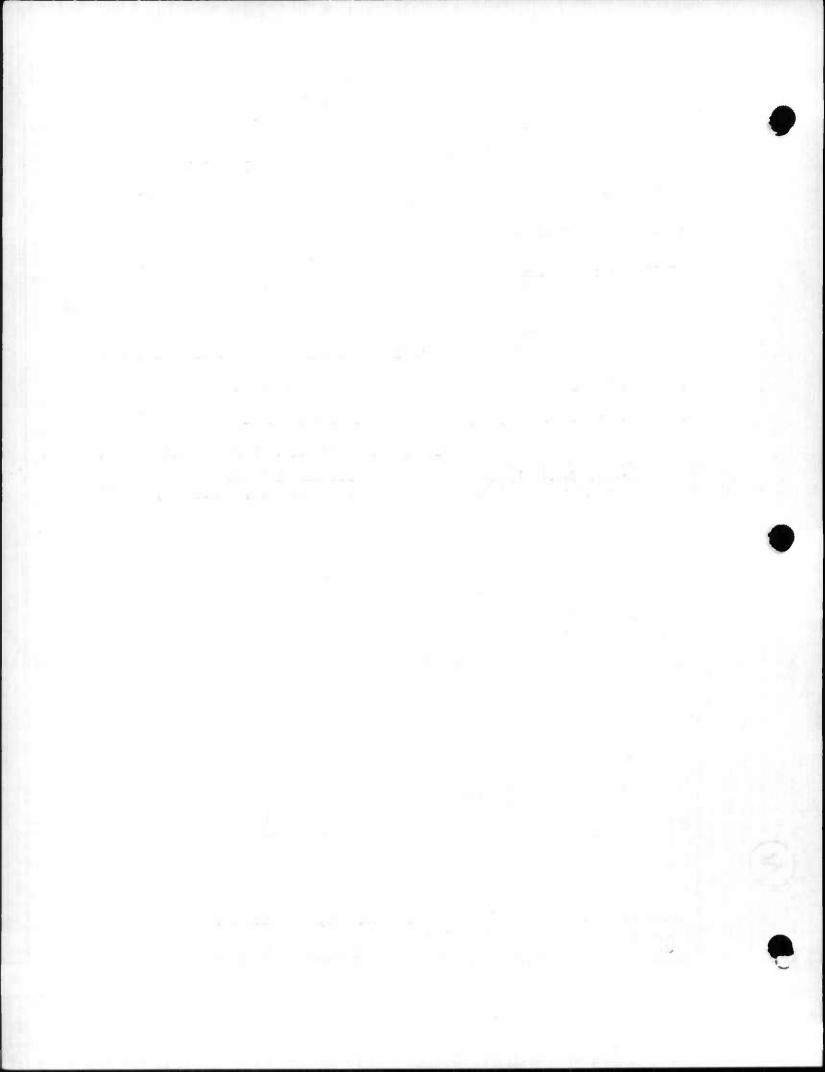


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	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1		
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF I	EALTH AND	MENTAL HYGIEN REG. NO.	E	- 6.3001
	1. DECEDENT'S NAME (First, Middle, Las JAMES L. PARRIS					2. DATE OF DEATH	1992 YEAR	3: TIME OF DEATH 3: 00 a _M
	4. SOCIAL SECURITY NUMBER 215-09-8565	1 M 2 □ F 8	in yrs. last birthday) 32 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-20-191	Coun	THPLACE (State or Foreign nitry)
TOR	9a. FACILITY NAME (If not institution, given 7311 Yorktown D			Towsor	OR LOCATION OF DE	EATH	ec. COUNTY OF Baltin	DEATH
FUNERAL DIRECTOR	10a. STATE 10b. COUN	ltimore		, TOWN OR LOCA VSOIL	FION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
IERAL	10e. STREET AND NUMBER 7311 Yorktown	Drive		10	21 204		10g. CITIZEN OF U.S.	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2/1-/NO	13. WAS DEC	ENDENT OF HISPAN ecity Guban, Mexica 2 NO Specify	NIC ORIGIN? (Specify Yea in, Puarto Rican, etc.) y:	Black	CE — American Indian, ick, White, atc. White
COMPLETED	15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12) 12 years	College (1-4 or 5+)	Iffe. Do NOT use	rork done during mo	ost of working	retail/	resident	ial
BE COM	17. FATHER'S NAME (First, Middle, Lest) James G. Parrisl	h			16. MOTHER'S NA	ME (First, Middle, Meiden : a Schlaug		
TO B	James L. Parris	h Jr. (son)	19b. MAILING 1768 S	AODRESS (Street of S. Winne	bago Rd.	Route Number, City or Town Winnebago	n, Stelle, Zip Code) IL 6108	38
	26r. METHOD OF DISPOSITION 1 1 Buriel 2 Cremation 3 Re 4 Donation 6 Other (Specify) 21. SIGNATURE OF THE RELATIONS AND THE	moval from State	PLACE AND DATE O	Redeeme	r Cem.	10/27 Ba	CATION — CHy or 1 ltimore	
	Thomas Jose	eph Bozek		6500	York Ro	defeld Home ad, Baltim	ore, MD	21212
	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)	aDUE TO (OR AS A	ich line.	0 1	de of dying, such	h as cardisc or respir	atory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST b.							
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition	ons contributing to death bu	ut not resulting Ir	n the undariyin	; cause given in	Part I. 24a. WAS AN PERFORI	MED?	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
/SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Output	ntient 3 DOA	OTHER:	ACE OF OEATH (Che			
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		28b. TIME INJU	M 1 U	PRK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
	3 Suicide 6 Could not be detarmined	sunding are topoco	(V)			281. LOCATION (Street as City or Town, State)		Route Number,
COMPLETED		SICIAN: To the best of my knowle NER: On the bests of exemination						(s) and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIC	k. Wes, 1	9		0358		P D/2	6/9-
	30. NAME AND ADDRESS OF PERSON W Elizabeth Lucas 31. DATE FILED (Month, Day, Year) OCT 26 1532		rk Rd. B		e, MD Sui	ite L-7		



DIVISION OF VITAL BECORDS DO

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BALLIMONE, MANTLAND ZIZIS-0020	14 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	on, or removal.	ne medical examiner must be notified at once.
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTAR'S, If item 28 is marked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) First, Middle, Lest) LAWRENCE PRELLER 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR 1.20 A. 24 10 A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. lest birthday) 7. DATE OF BIFTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218-09-7119 1 2 M 2 | F 75 YRS. £5 17/17 BAITIMOVE Sa. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST JOSEPH HUSPITAL TOWSON BAlt: more MA 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland Baltimore 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9636 Mason Ave. 21234 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Merried If yes, specify Cuban, Mexican, Pi 1 TES 2 X NO Specify: BY 3 Widowed 4 Divorced Specify White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Yrs Bricklaver Bethlehem Steel once. 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Benjamin W. Preller Helen P. Wieprecht BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jennie M. Preller 9636 Mason Ave., Baltimore, Md. 21234 must be 20s METHOD OF DISPOSITION
1 N Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION --- City or Town, State DATE Gardens of Faith Cemetery 10-27-92 Rosedale, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE

ROY H. Cather

ROY H. Cather axaminer 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 the medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final ESOPHAGEAL CARRINOMA disease or condition resulting in death) event, PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 in ury, PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 17TW PERFORMED? eny 1 | YES 2 | NO DMI 1 YES 2 - NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 DL Impatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 50 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28 is marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investiga BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be BE COMPLETED 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner es stated. 196/SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 10/24/92 84049 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SYED M. A. RI A OCT 26 1992 32. REGISTRAR'S SIGNATURE

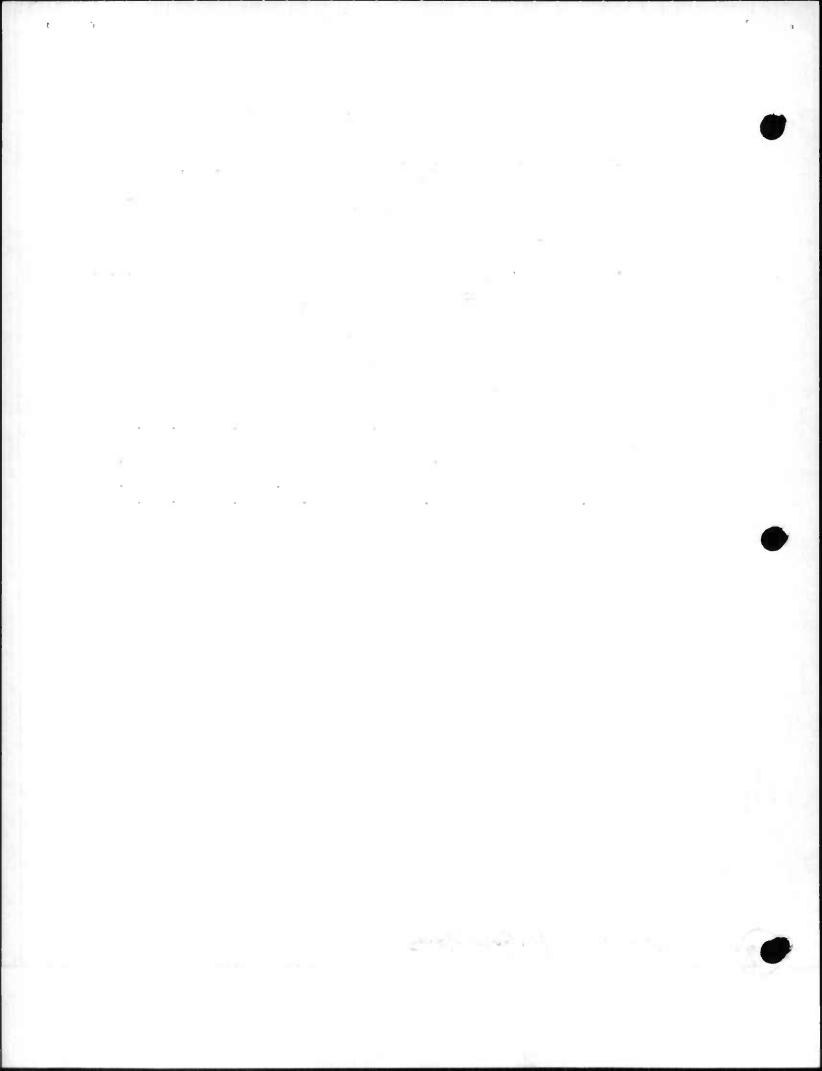
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the burial-transit nermit. Pages 1.2.3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92 29553

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH		NTAL HYGIEN	_	/2 29553	
	1. DECEDENT'S NAME (First, Migdil Last	in Potem	iam Poren	nski		DATE OF DEATH		S. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER					DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign	
	219-05-1783	1 □ζM 2 □ F	80 YRS.	NTHS DAYS HOURS		NOV. 14,		Country) Maryland	
or l	Se. FACILITY NAME (If not institution, give		91	CITY, TOWN OR LOCAT			9c. COUNTY	OF DEATH	
DIRECTOR	Mercy Hospi	tal		Baltin	nore			-	
REC	10a. STATE 10b. COUN	TY	10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY	
	Maryland -			Baltimore			1 TYES 2 NO		
RAI	10. STREET AND NUMBER 2327 N. Charles St.			101. ZIP CODE 21218				OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN							.S.A.	
BY F	1 Never Married 2 Married FORCES? 1 TYES IF YES, GIVE MAR OR Q		2 NO If yes, specify Cuben, Mexi-		en, Mexican, P	can, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.	
	15. DECEDENT'S ED	PUCATION	16a. DECEDENT'S US	UAL OCCUPATION		165 KIND OF BU	KIND OF BUSINESS/INDUSTRY		
COMPLETED	(Specify only highest grade (Specify only highest grade) Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during most of work tired.)	dng	CALIFORNIA NA		& Industrial	
MPL	8	0	Paint	cer	-2/	2100200	,110101	or allowed that	
8	17. FATHER'S NAME (First, Middle, Last)			18. MO		First, Middle, Maiden			
BE	Frank P	oremski				iegelski			
5	Joseph Baranow	ski		Fairmaou					
- 1	20a. METHOD OF DISPOSITION	200	PLACE AND DATE OF	DISPOSITION (Name of		DATE 20c. LO	CATION — CIN	or Town. State	
1	1 Donation 5 Other (Specify)	moval from State	t. Stanis	Laus Cemet	cery 1	0/26 Bal	timor	e,Maryland	
3	21. SIGNATURE OF FUNERAL SERVICE I		ues.	22. NAME AND ADDR	ESS OF FACILITY	ber & Sc	ns In	C -	
	George A. We	ber & Sons I	nc.	705 S.	Ann S	t. Balto	. Md.	21231	
	23. PART i. Enter the diseases, prospective shock, or heart failure	complications that cause to List only one cause on e	the death. Do not sch iine.	enter the mode of di	ying, such a	cardiac or reap	iratory arrest	Approximate	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	. Left	lower	lobe pro-	eci Mo	Mich		Onset and Death	
		DUE TO (OR AS /	CONSEQUENCE OF):		1	/			
NO O	Sequentially list conditions,	b. Chron A	CONSEQUENCE OF	uchvi p	u/me	ney dr.	reas-	_	
\(\bar{\} \)	if any, leading to immediate cause. Enter UNDERLYING	-	, , , , , , , , , , , , , , , , , , , ,	,				j	
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST	d							
AL C	PART II. Other significant condition	ons contributing to death b	ut not resulting in t	he underlying cause	given in Par			24b. WERE AUTOPSY FINDINGS	
(5)						PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDIC								1 - YES 2 - NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								
i i	EXAMINER?	HOSPITAL:		26. PLACE OF (
H	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME O			d. DESCRIBE HOW I	NJURY OCCUR	CURED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		□ NO				
ED E						Rural Route Number,			
	4 Homicide determined								
COMPLET		SICIAN: To the best of my know							
00	2 MEDICAL EXAMIP	NER: On the basis of examination	n and/or investigation, i	n my opinion, death occu	ared at the time	, date and place, ar	d due to the c	nuse(s) and manner se stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFI	Allo I	01		ENSE NUMBER		29d. DATE SI	IGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri		, S J	7	- 10	123/96	
	Mure D. Solo	clow, MD	301 57	· PaulPi	ace	Balton	m /	hD1/107	
	31. DATE FILED (Month, Day, Year) OCT 26 1992	Julia Havidson-M	modelle						



BALTIMORE, MARYLAND 21215-0020

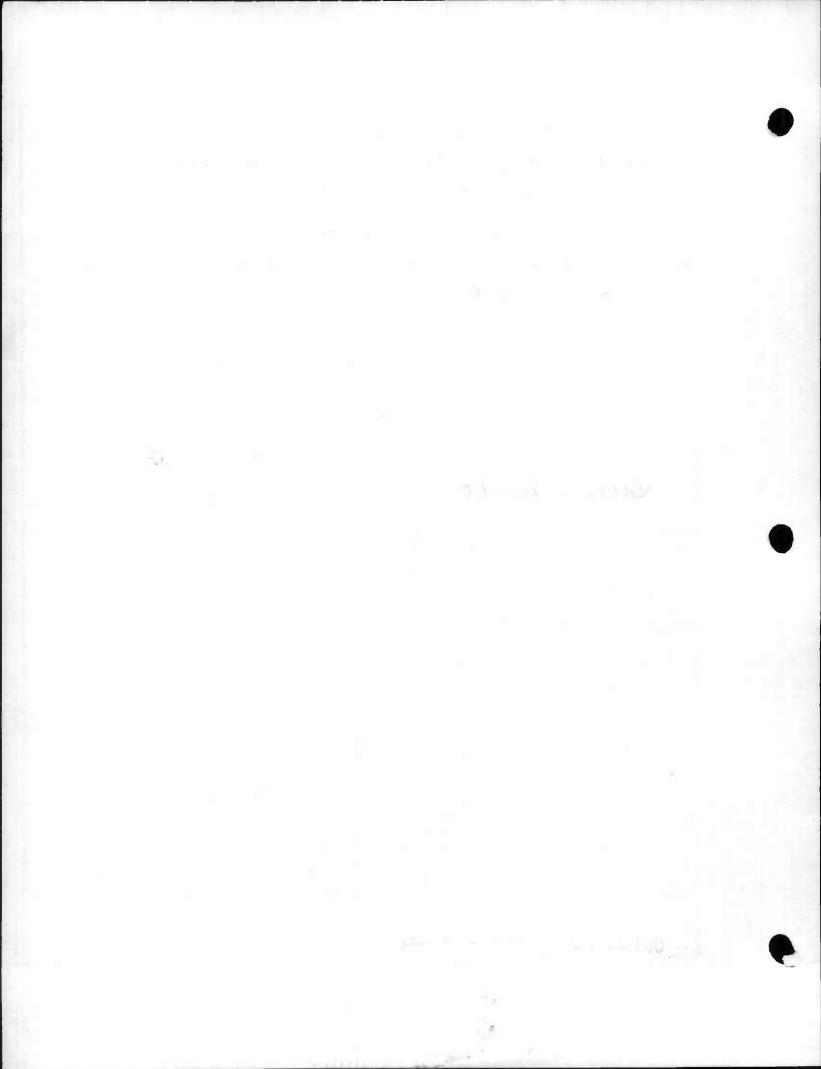
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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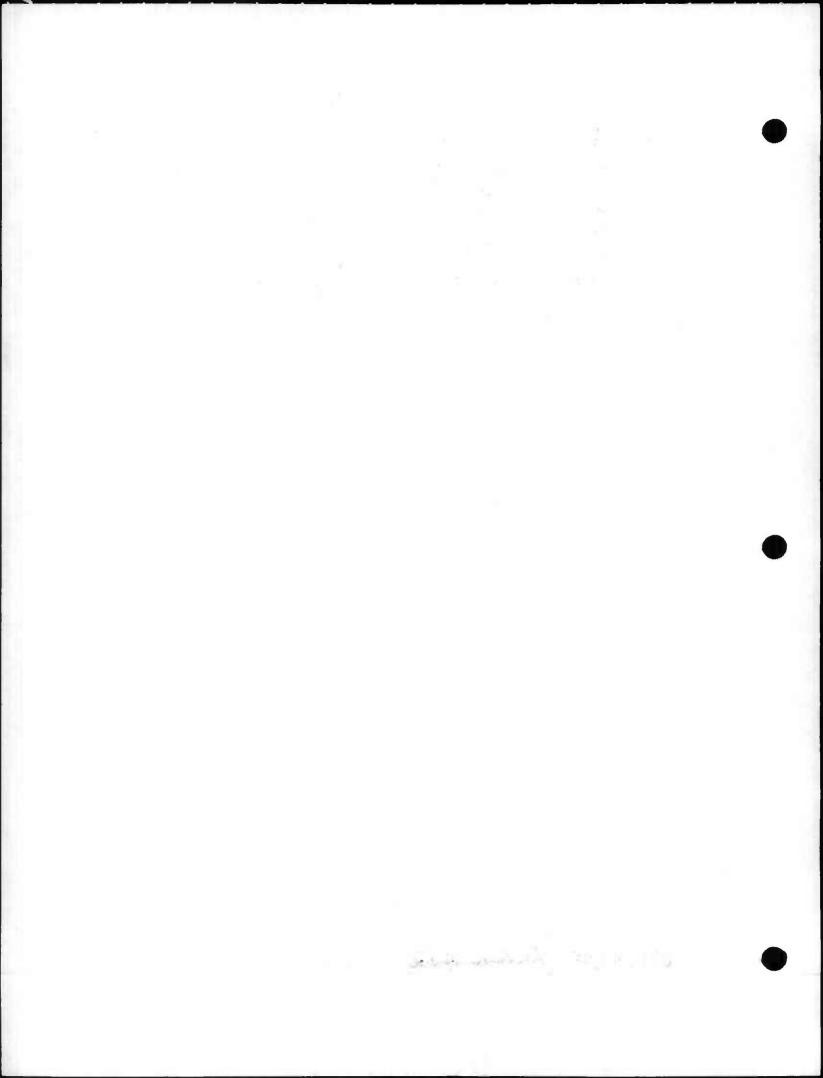
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	illiam T. Purdum				2. DATE OF DEATH MONTH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-22-4171	1 № M 2 🗆 F		IF UNDER 1 YEAR RONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) BA 4 TO, MO,
TOR	9a. FACILITY NAME (If not institution, give street and number) 9a. CITY, TOWN OR LOCATION OF DEATH 8c. COUNTY OF DEATH 8c. COUNTY OF DEATH 8c. COUNTY OF DEATH 8c. COUNTY OF DEATH 8c. COUNTY OF DEATH 8c. COUNTY OF DEATH 8c. COUNTY OF DEATH							
DIRECTOR	10e. STATE 10b. COUNTY	urrell	10000 0000	TOWN OR LOCATION	•			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER Fairhaven, 72			10f.	ZIP CODE 217	84		OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO TES	II yes, spe	NDENT OF HISPAN city Cuban, Maxica 2 NO Specify	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.) :	11.70%	RACE — American Indian, Black, White, atc. Specify: White te
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION Completed) Coffege (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most retired.)	t of working	16b. KIND OF BUS		ace Corp.
₩ O	17. FATHER'S NAME (First, Middle, Last)		Quality 0	aluci Hi		ME (First, Middle, Maiden		ace corp.
BE C	Thomas Lewis	s Purdum				eda Wessels		
TO B	190. INFORMANT'S NAME (Type/Print) Mrs. Corrine Puro	dum/Judith Va				Sykesville		
	20a. METHOD OF DISPOSITION 1 № Burlal 2 □ Cremation 3 □ Remo	20b.	PLACE AND DATE OF other CANADA TE OF OTHER PLACE VIEW	DISPOSITION (Nam	ne of	DATE 20c. LO	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC		12011		ADDRESS OF FAC			16, 110 21704
		Haight		Syke	sville.	ral Home	(410)-	795-1400
	23. PART I. Enter the diseases, or c shock, or heart feilure. I	complications that caused List only one cause on ea	the death. Do no	t enter the mod	e of dying, auch	as cardiec or respi	ratory arrest.	Approximata Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Respiratory failure								Onset and Death
_	_	DUE TO (OR AS A	CONSEQUENCE OF):					12
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING						12 47		
CERTIFICATION	CAUSE (Disease or Injury that Initiated events rasulting in death) LAST							
PHYSICIAN: MEDICAL			tur but not resulting in the underlying cause given in i			PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATH (Che	ok only one)		
SIC	EXAMINER?	HOSPITAL: 1 (Vinpatient 2 - ER/Output		OTHER:		B ☐ Other (Specify)		
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	RY AT	28d. DESCRIBE HOW IN	JURY OCCURE	ED
2 Accident Investigation 1 YES 2 NO				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.							use(s) and menner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFICA	DE. SIGNATURE AND TITLE OF CERTIFIES 29d. DATE SIONED (Month, Day, Year)						
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type P	rim) (U		~ /		
	31. DATE FILED (Month, Day, Year) OCT 26 1992	A REGISTRAR'S SIGNA		+	,			



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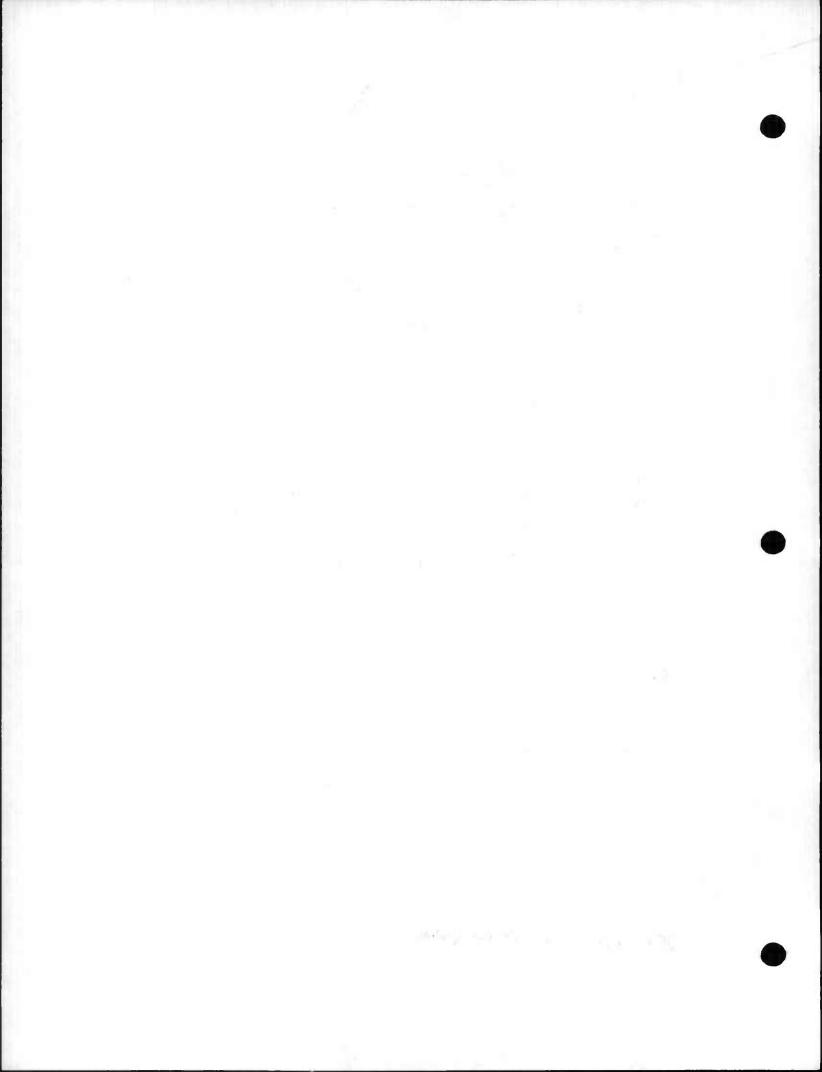
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

- 3	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Last) A. SOCIAL SECURITY NUMBER	Quaglio	(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DEAT MONTH	2 - 90	3. TIME OF DEATH 3. SINTHPLACE (State or Foreign
	147-28-8446 Se. FACILITY NAME (If not institution, give si	1 🗆 M 2 💢 F	92 YRS.	MONTHS DAYS	HOURS MIN.	3-9	-00	Country) N.Y.
DIRECTOR	St Agnes Hos	ipital			imor -c	_ City		
	10a. STATE 10b. COUNTY 10a. STREET AND NUMBER	Himore	10c. CITY	Catonsv	ille			10d. INSIDE CITY LIMITS? 1 VES 2 NO
UNERAL	16 Fusting	AVC 12. WAS DECEDENT EVER I	NII C ADMEN		2126	18	US	SA
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ecity Cuban, Mexico 2 NO Speci X	NIC ORIGIN? (Specifier, Puerto Rican, etc. ly:) Yes or No.—	14. RACE — American Indian, Black, White, etc. Specify White
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of w life. Do NOT us	55195	ON st of working	16b. KIND OF	BUSINESS/INDU	STRY
E COMPLET	17. FATHER'S NAME (First, Middle, Last) — Chip	oni	ПОШЕ	maker	16. MOTHER'S NA	AME (First, Middle, Me	iden Sumerne)	_
TO B	1901. INFORMANT'S NAME (Type/Print) Nunzio Quagliar				ive Bal	Route Number, City of timore, N	Town, State, Zip 0 1d. 2122	
	20a. METHOD OF DISPOSITION 1 © Burlel 2 Cremetion 3 Remote A Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	oval from State cen	PLACE AND DATE OF THE CONTROL OF THE	Octobe	er 26, 1	992 E	Baltimor	re, Md.
	James t.	Gladden		Leonar		Inc. 5305		
	23. PART LÉnter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one couse on e	ach line. Maly	odan	de of dying, suc	ch as cardiac or n	espiratory arre	st, Approximate Interval Betwee Onset and Dec
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	enges Vorge	live ,	Real tuy	- fori	(use
: MEDICAL	PART II. Other significent condition	a contributing to death by			g cause given in	PE	S AN AUTOPSY IFORMED? S 2 NO	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 W NO	HOSPITAL:	patient 3 🗆 DOA	OTHER:	ACE OF DEATH (C)	eck only one) 6 Other (Specify)		
ву РНУ	27. MANNIER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	URY WO	URY AT HRK? YES 2 NO	28d. DEŞCRIBE H	OW INJURY OCCU	JREO
ED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	' — At home, farm, s cify)	dreet, factory, offic	•	261. LOCATION (St City or Town, S		or Rural Route Number,
COMPLET		CIAN: To the best of my know R: On the basis of examination						d. cause(s) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIEF 30. NAME AND ADDRESS OF PERSON WHI	Y. D	ATH (ITEM 27) (Type,	Print)	Media'	-	29d. DATE	SIGNED (Morith, Day, Year)
	31. DATE-FILED (Month, Day, Hear)	32. REGISTRAR'S SIGN	ATURE					
	OCT 26 1992	Filia Davidson 1	and M.					



TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 ⁴ hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	N. MEDICAL CERTIFICATION TO BE COMPLETED BY FINEDAL DIRECTOR
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires th	TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health :	IMPORTANT: If Item 28 is marked, or Item 23 shows an	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	ENT OF H	EALTH AND		GIENE G. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)	DUINANNIE MAI	RY QUINN			2. DATE OF DE MONTH		YEAR 1907 M
	4. SOCIAL SECURITY NUMBER 213-18-6382 Ba. FACILITY NAME (II not institution, give	1 0 M 2 X F	88 YRS. MO	UNDER 1 YEAR ITHE DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BH (Month, Day, 09/04/	1904	8. BIPTHPLACE (State or Foreign Country) N. C. TY OF DEATH
DIRECTOR	University of Ma	ryland Medical	Ctr.	Balt	imore			City
IREC	10a. STATE 10b. COUNT			OWN OR LOCAT				10d. INSIDE CITY LIMITS?
	Maryland C	ity	Ba	altimo	ZIP CODE		10- 07777	1 ☑ YES 2 ☐ NO EN OF WHAT COUNTRY?
FUNERAL	2414 Madison Ave	•			21205			S.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	X NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexico 2 X NO Specif	in, Puerto Rican,	cify Yes or No- 1	14. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION 16. Ornpleted) College (1-4 or 5 +)	e. DECEDENT'S USU (Give kind of work Ms. Do NOT use rel	done during mo	ON est of working	16b. KIND	OF BUSINESS/INDU	
OMP	17. FATHER'S NAME (First, Middle, Last)	4	Waitress	5	18. MOTHER'S NA		Dept. Sto	ore
BEC		C. Revnolds				Sallie		
0 B	19s. INFORMANT'S NAME (\$50/Print)		19b. MAJLING ADI	ORESS (Street a			y or Town, State, Zip C	Code)
-	Charles Hunter						Albans,	
П	1 ☐ Burtal 2 ☐ Cremation 3 🔀 Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State camular	y, cremetory or other;	Stace)			20c. LOCATION — CI	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	THOTOS F	22. NAME A	NO ADDRESS OF FA	CILITY		
	* Duane	Kining	/				FUNERAL Baltimore	
NOI	23. PART I. Enter the disease, of shock, or heart influre. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. DUE TO (OR AS A CO	NSEQUENCE OF):			h as cardiac o	r reapiratory arre-	Approximate interval Between Onset and Death
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A CO	NSEQUENCE OF):					
MEDICAL	PART II. Other significant condition	ns contributing to death but r	not resulting in th	ne underlyln	g cause given in	- 30	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. Pt	ACE DF DEATH (Ch	eck only one)		<u></u>
PHYSICIAN:	EXAMINER?	HOSPITAL:		HER: Nursing Hom	e 5 🗆 Residence	6 Cher (Spec	otty)	
	27. MANNER OF DEATH 1 Telephone 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	WO	RK?	28d. OEŞCRIBE	HOW INJURY OCCU	PRED
BY	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJURY —	At home, farm, atree		res 2 No	28f. LOCATION	(Street and Number o	or Rural Route Number,
ETE	4 Homicide determined	building, atc. (Specify)				City or Town	n, State)	
COMPLET		ICIAN: To the best of my knowledg						
BE (296. SIGNATURE AND TITLE OF CERTIFIE	P 1		1	29c. LICENSE NUI	MBER	29d. DATE	SIGNEO (Month, Day, Ybar)
5	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	0			11	0/19/92
	UMMS	Butto 11	と					
	3.064.972.130.	The State State of the state of	46					



permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

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L RECORDS, P.O. BOX 13146,	certificate
٦.	death
S	the
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SEC0	requires
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OF VITAL	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
DIVISION	ALTENDING
ā	NO.

D. THE FAMERAL ORRECTOR: After this certificate has been signed by the attending physician and completely "lifed in by the funeral director, page 5 should be detached for use as the burial-transit in the four solar death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ERAL I	T. H. II
HE RINERAL DIRECTOR: After this	DRITAN
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 . STATE		STATE OF MA				EALTH AND	MENTA	L HYGIEN	E	92	2955
1. DECEDENT'S NAME (First	l, Middle, Last)	Rozi	1.1	ERITFIC	CATE OF	DEATH	2. DATE	REG. NO.	ž (等 3.	TIME OF DEATH
4. SOCIAL SECURITY NUM 141 07 685			8. AGE (In yrs. I		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		Country)	CE (State or Foreign
9a. FACILITY NAME (If not is		street and number)		- 1	Db. CITY, TOWN	OR LOCATION OF D		11 12/1		TY OF DEAT	
Chesapeake	Manor	Nursing (Center		Arr	nold			Anne	arur Arur	nde1
Maryland	10b. COUNT	e Arundel		10c. CITY,	TOWN OR LOCA	Glen Bur	nie				I. INSIDE CITY LIMITS? YES 2 X NO
10s. STREET AND NUMBER			100		10	ZIP CODE				EN OF WHAT	
7888 Ameri	cana C					21060				ced St	tates
11. MARITAL STATUS 1 Never Married 2 X 3 Wildowed 4 Div		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	ARMED XNO	If yes, sp	ENDENT OF HISPA ecify Cuban, Maxic 2 XNO Speci	an, Puerto		or No-	Black, W	American Indian, hita, stc. White
15. DE((Specify on Elementary/Secondary (CEDENT'S EDU ly highest grade	College (1-4 or 6+)			SUAL OCCUPATE rk done during mo retired.)			b. KIND OF BUS			
12	J-12/	2		Surv	eyor]	Insurar	ice Co	mpany	7
17. FATHER'S NAME (First, A						18. MOTHER'S N			_ ′		
Marce]			Rozyc			Anr				onski	
19a. INFORMANT'S NAME (Caroline B.		ki				nd Number or Rural					MD 21060
20a. METHOD OF DISPOSIT	on 3 🗆 Rem	noval from State	other	place)	natory,	Inc.		1.55		ville	
23. PART I. Enter the	diseases, of	Dunn	caused the	death. Do no	McCui 3204	ND ADDRESS OF FA Lly Fune Mountain oda of dying, suc	ral H	., Pasa	idena,	, MD	21122 Approximate
IMMEDIATE CAUSE (Fi disease or condition resulting in death)		Car	CUL OR AS A CONS	onile	3	Lung	- /	het	a 86	SIM	Onset and Deatl
Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj- that initiated events resulting in death) LAS	odlata rING ury	C		SEQUENCE OF)							
	-	d									
PART II. Other signific	er u	ne contributing to a		t resulting in	the underlying	g cause given in	Part I.	24a. WAS AN PERFOR	MED?	CO OF	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL				26 B	LACE OF DEATH (C	heat ante	lane)			
EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	ne 5 🗆 Residence					
	Pending Investigation	28a. DATE OF I (Month, Day	NJURY v, Year)	26b. TIME INJU		PURY AT ORK? YES 2 NO	28d, DE	SCRIBE HOW I	NJURY OCC	CURED	
2 Accident 3 Suicide 8 Homicide	Could not be determined		INJURY — At tc. (Specify)	home, farm, st	reet, factory, offic	ca .	28f. LO	CATION (Street of Yor Town, State)	and Number	or Rural Rout	e Number,
one) -	APPL LINE	SICIAN: To the best of r									nd manner as stated.
296. STATURE AND TITL	reet	my Au	tende	of De	octor	29c. LICENSE NO	MBER 216	34	29d. DATE		24-SZ
30. NAME AND ADDRESS C	PERSON W	- M.D	(60			/ WY	G	LBN	BURI	V/E_	0402106

31. DATE FILED (Month, Day, Year)

OCT 2 6 1992

32. REGISTRAR'S SIGNATURE

Princel I Rosycki

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Salatin and the salating

ROBERTSON THOMAS E.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).	
in .	7	1. DECEDENT'S NAME (First, Middle, Last) Thomas Roberts	on			-	2. DATE OF DEATH	20 9 ^{YEAR}	3. TIME OF DEATH 7:32 A
		4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	a. Bien	HPLACE (State or Foreign
pino	1	578-07-1567A Sa. FACILITY NAME (If not institution, give s	street and number)	78 YRS.		OR LOCATION OF DE	Movember	9c, COUNTY OF	shington, DC
1, 2, 3 should	DIRECTOR	Montgomery, Ge	neral,Hosp	oital	ÖLne			Montgo	
Sages	IREC	10a. STATE 10b. COUNT			Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
permit. Pages	177	Maryland Mon	tgomery	G	aithersb	urg		100 CITIZEN OF	1 TYES 2 NO
138	FUNERAL	7020 Warfield Ro	a.d.			2	20882	U	SA
D g a	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 7 YES	S 2 NO DATES	If yes, sp	ecify Cuben, Mexica 2 NO Specify	NIC ORIGIN? (Specify Yes, Puerto Rican, etc.)	s or No— 14. RAG Bla Spe	CE — American Indian, ctt, White, etc. Chy: White
or attending r use as the	ETED	15, DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATION		16b. KIND OF BU	SINESS/INDUSTRY	
	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 4	Manager	Mortgag	e Settlm	t. Life	Insuran	ce Company
by the hospit be detached at once.	COMPL	17. FATHER'S NAME (First, Middle, Lest)		<u> </u>			ME (First, Middle, Meiden		7
retained by the hospit 5 should be detached notified at once.	BE .	George Elbert Ro	bertson				une Stipe		
	2	Mary Lou Robertso	'n	~	as 10e.	nd Number or Flural i	Route Number, City or Tox	vn, State, Zip Code)	
seath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION 1 ◯ Burial 2 □ Cremation 3 □ Rem		0b. PLACE AND DATE emetery, crematory or o		arme of	DATE 20c. LC	OCATION — City or	fown, State
Page 6		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE		Forest 0	ak Cemet	ery		aithersb	urg, Maryland
		+ Ray w	Baile		Muri	el H. Ba	rber Funer		20882
hours after of in by the or removal.		23. PART I. Enter the diseases, or	complications that cause on	ed the death. Do	not enter the mo	da of dying, suc	h as cardiac or reap	lratory arrest,	Approximate
in 24 sily fille ration,		IMMEDIATE CAUSE (Final disease or condition resulting in death)	RE	SPIRA		FAI	LULE		Interval Between Onset and Death
te be executed sician and comparior to burial, traumatic ex	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F);		,		
eath certifical attending phy ttal Hygiene i	CERTI	resulting in death) LAST	. Ch. ROW.	1008	STRUC	7100	LUNG	1545	- YES.
w requires that the death been signed by the atte pt. of Health and Mental shows any Injury,	MEDICAL	PART II. Other significant condition	a contributing to death	but not resulting	In the underlying	g cause given in	Part I. 24s. WAS AN PERFO! 1 YES 2	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
4: The law requir cate has been si State Dept. of He									
SICIAN: The law certificate has be the State Dept.	SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	doellers 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch	6 Other (Specify)		
품 분 후	BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	Y 26b. TIN	IE OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCURED	
TTENDI TTOR: A after d		3 Suicide 6 Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, ferm, pecify)	street, factory, offic		201. LOCATION (Street City or Town, State	end Number or Rurei)	Route Number,
東京日	COMPLETE		ICIAN: To the best of my kno						(s) and manner as stated.
TO THE HOSPI TO THE FUNER be filed within	w	296. SHIMATURE AND DIFFE OF CENTIFIE		1.00		29c, LICENSE NUI			D (Month, 9ny, Year)
E 2 2 8	TO B	DR.LEWIS OF PERSON WH	4 Value	, "02	2	D06	406	1/0/2	20/92
16		D.R. LE)	O LNE	FY, 172	7 Z083	32	
17		1. DATE FILED (Month, Day, Year) 1. OCT 26 1992	Jan Ben don	THE THE					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

detached for use as the burlat-transit permit. Pages 1, 2, 3 should

be notified at once.

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examiner

medical

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Item 23 shows any injury, or other traumatic event,

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is marked,

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IMPORTANT: If Item

31. DATE FILED (Month, Day, Year) OCT 2 6 199

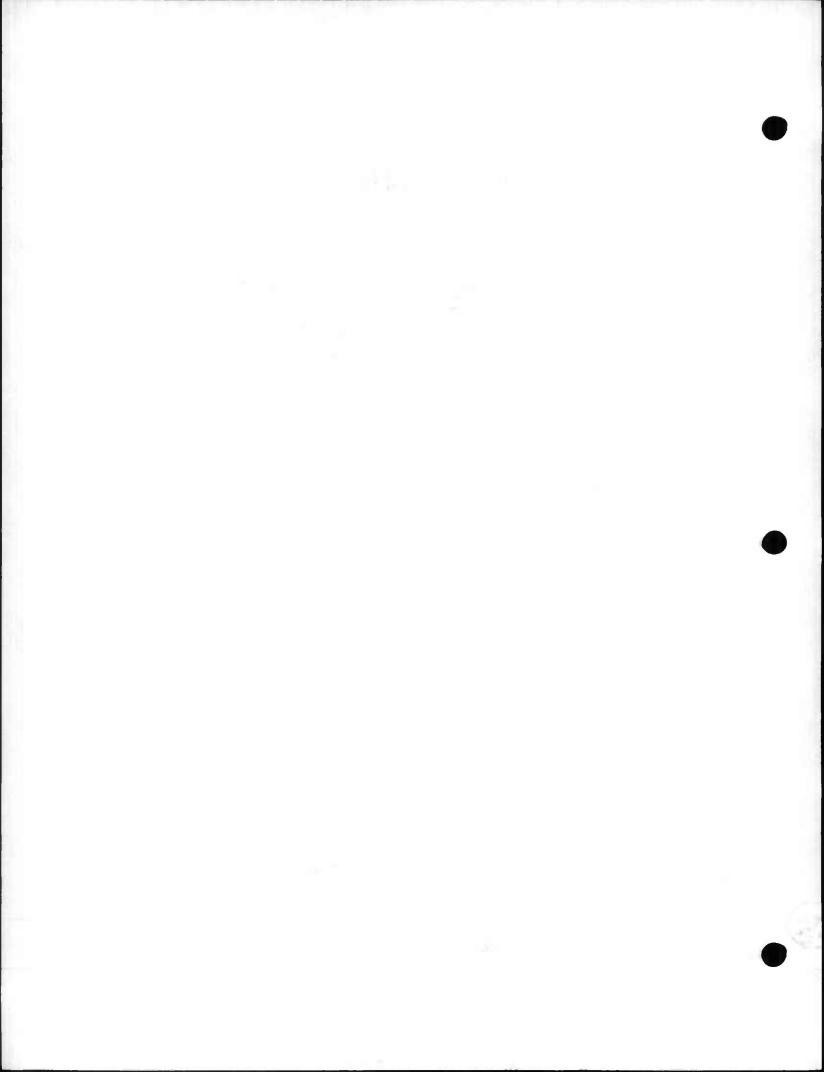
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HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by	FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by	
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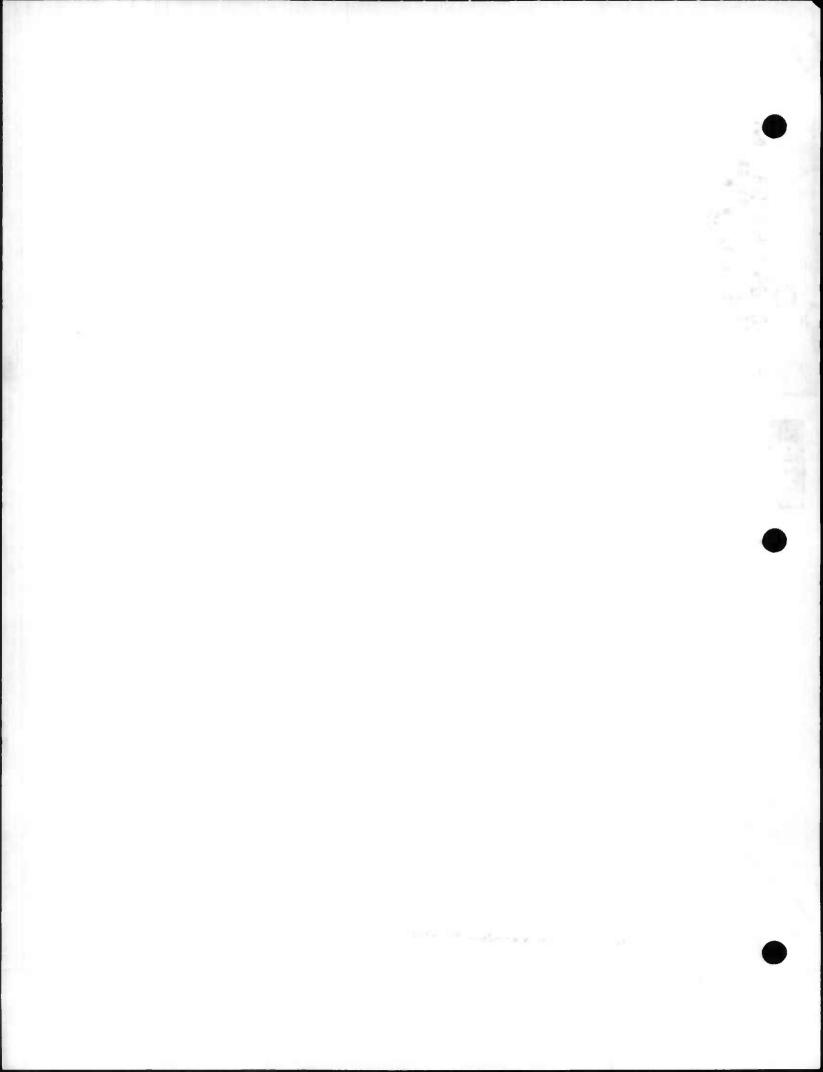
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 23 DAY 10 92 Julie Katherine Serra 2:30am w 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Var) 08-22-1903 8. BIRTHPLACE (State or Foreign Maryland DAYS HOURS 212-18-3009 1 M 2 F 89 Se. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian-Long Green Baltimore RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland ____ Baltimore 1 K YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21231 USA 1320 Eastern Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 1 TES 2 NO Specify: 3√Widowed 4 □ Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) 6th Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Dominic Foppiano Ella Burns 器 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 428 S. Eden Street, Balto., MD 21231 Mary Ellen Varacalle 20s. METHOD OF DISPOSITION
1 □ Burial 2 💢 Cremetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Crematory, Inc. 10-23 Baltimore, MD Metro 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mr 24 Cremation Society of Maryland, Inc. George E. MacNabb 299 Frederick Rd., Balto., MD 23. PART I. Enter the diseases, or complications that caused the death. Do not entite the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between shock, or heart failure. List only one use on each line IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICA 26. PLACE OF DEATH (Check only one) OTHER: T THE TEN 1 | Inputiont 2 TEL DOM e 5 🗆 Reside 27. MANNER OF DE 28a. DATE OF INJURY 38c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Diamiral 2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide ** CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examile on and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as atated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day 34952 192 rel 10 9 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) John T. Evelius, M.D., 5444 Belair Rd, Suite A, Baltimore, MD 21206

32. REGISTRAR'S SIGNATURE

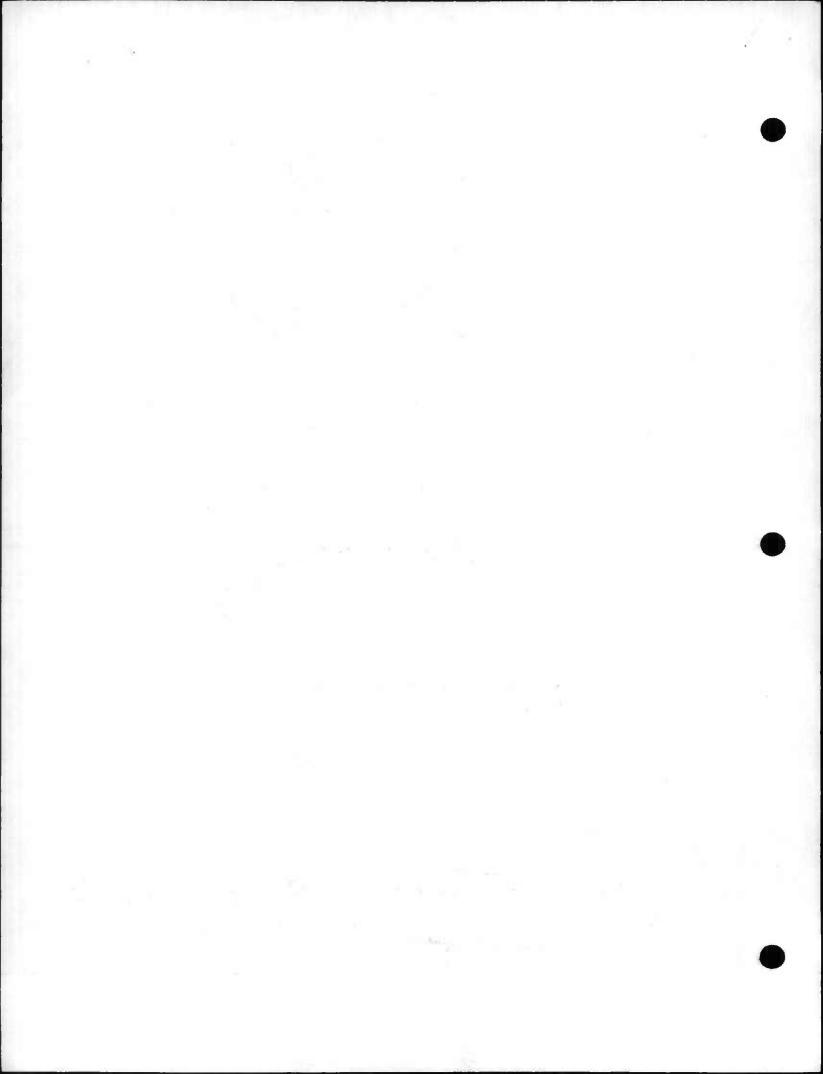


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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	AL DIFFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dim The complete completely with the State Dect. of Health and Mental Hydiese prior to burial, cremation, or removal	Ham 28 is marked or item 23 shows any injury or other traumatic event the medical avancing
after s	ALL DIFFECTOR: After this certificate has been signed by the attending physician and completely filled in by the I	lleal .
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4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In	yrs. last bi		UNDER 1 YEAR	IF UNDE	TI 24 HRS.		OBER 2.	Z, 15		11:08
		1 M 2 □ F				2 27	HOURS	MIN.	(Mon	th, Day, Year) 25/199	2	Coun	rvland
.9s. FACILITY NAME (If not					90	b. CITY, TOWN	OR LOCAT	ION OF D		23/133		INTY OF	
		PKINS HO	SPITA	\L]	BALTIM	ORE (CITY			BAI	TIMO	ORE CITY
RESIDENCE OF DE	10b, COUNT	Υ		1	10c. CITY, T	OWN OR LOCA	TION						10d. INSIDE CITY
Maryland	Anı	ne Arunde	21		Lin	thicum	ı						LIMITS?
10e. STREET AND NUMBE	R					10	H. ZIP CO	Æ	-		10g. CIT	IZEN OF	WHAT COUNTRY?
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11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN	YES	2 XNO	D	If yes, s	pecify Cub	en, Mexica	n, Puerto	N? (Specify Yes Rican, etc.)	s or No-	14. RAC Blac	CE — American Indian, ck, White, etc.
3 Widowed 4 Dh	vorced	IF YES, GIVE Y	MAR OR DAT	TE\$		1 🗌 YE	2 (X) NO	Specify	y:			Spe	White
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17. FATHER'S NAME (First,	,	Danne 3	Jan -	0-11			18. MO1	33.5		Middle, Meiden	_		
19a, INFORMANT'S NAME		Darrel (Gene			DOESS (Share	and birms		lly	Kay nber, City or Tow		-4	-
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20a. METHOD OF DISPOSI	TION		20b. P	PLACE AND	DATEOFE	DISPOSITION (N	ame of	-	DA	TE 20c. LO	CATION -	City or T	fourn. State
1 XBurlal 2 Cremat 4 Donation 5 Donation		ovel from State	G1	tery, cremet Len F	tory or other Haven	Memor	ial :	Park	10/	26 G1e	n Bu	rnie	, Marylan
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	FOR 1 STATE	STATE OF MARYLAND /			MENTAL HYGIENE		29561			
	1. DECEDENT'S NAME (FIRST, MICOSO, Last) (JOHN) HOWARD		RTIFICA	ATE OF DEATH	REG. NO. 2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH			
72	215-28-1888	8. AGE (In yrs. lest	YRS, MON		7. DATE OF BIRTH (Month, Day, Year) 1/22/1933	8. BHP Cou W .	THPLACE (State or Foreign ntry) Virginia			
TOR	3800 Sixth Street Residence of Decement		9b.	Baltimore Cit		9c. COUNTY OF	OEATH			
L DIRECTOR	Maryland NA			nn on Location imore City (Br	rooklyn)		10d. INSIDE CITY LIMITS? 1)XX YES 2 NO			
FUNERAL	3800 Sixth Street	2. WAS DECEDENT EVER IN U.S. ARM	1	101. ZIP CODE 21225		t	JSA			
B√	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 D YES 2 N IF YES, GIVE WAR OR DATES Peacetime	O O	13. WAS DECENDENT OF HISPA If yee, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	Bla	CE — American Indian, lock, White, etc. scity: White			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12) 10th Grade	mpleted) (Gh	CEDENT'S USUA ve kind of work of Do NOT use retin yland	L occupation lone during most of working ad.) Drydock & Ba	166. KIND OF BUS	Di	gger and Demolition			
BE COM	17. FATHER'S NAME (First, Middle, Lest) John Howard	Sprouse, Sr	•	18. MOTHER'S N. Glada	AME (First, Middle, Maiden S Greenleaf	1127				
70	Mrs. Margaret Ann	Sprouse :	3800 S	RESS (Street and Number or Flural ixth Street, E	Baltimore, 1	Maryland				
	1 () Burlel 2 Cremetion 3 Removal from State Cametary, cremetory or other place) Dulancy Valley Cemetery 10/24 Timonium , Maryla									
	23. PART I. Enter the diseases, or con			McCully Funer 237 E. Pataps	sco Ave., Ba	alto., I	Md. 21225			
	shack, or heart feliure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death)	it only one cause on each line.		Failure		atory arrest,	Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENT)		acinom of V	heling					
MEDICAL	PART II. Other significant conditions of	contributing to death but not re	suiting in the	e underlying cause given in	Pert I. 24e. WAS AN PERFORM	NED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:		IOSPITAL:	ОТ	26. PLACE OF DEATH (CI						
	27. MANNER OF SEATH 1 Natural 5 Pending	☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Home 5 Nursin	8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hon building, etc. (Specify)	ne, ferm, street,		28f. LOCATION (Street as City or Town, State)	nd Number or Rure	l Route Number,			
COMPLETED		IN: To the best of my knowledge, dea On the beste of examination and/or in					e(e) and manner as stated,			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	LOBOLINA, A	MD	29c. LICENSE NU	MBER 1930	P /O	22/92			
		MD. Mercy Medi	ical Ct		aul Pl., Su	ite 212	21202 2, Balto., MD			
	OGT 2 6 1992 9	the handsor- No.								

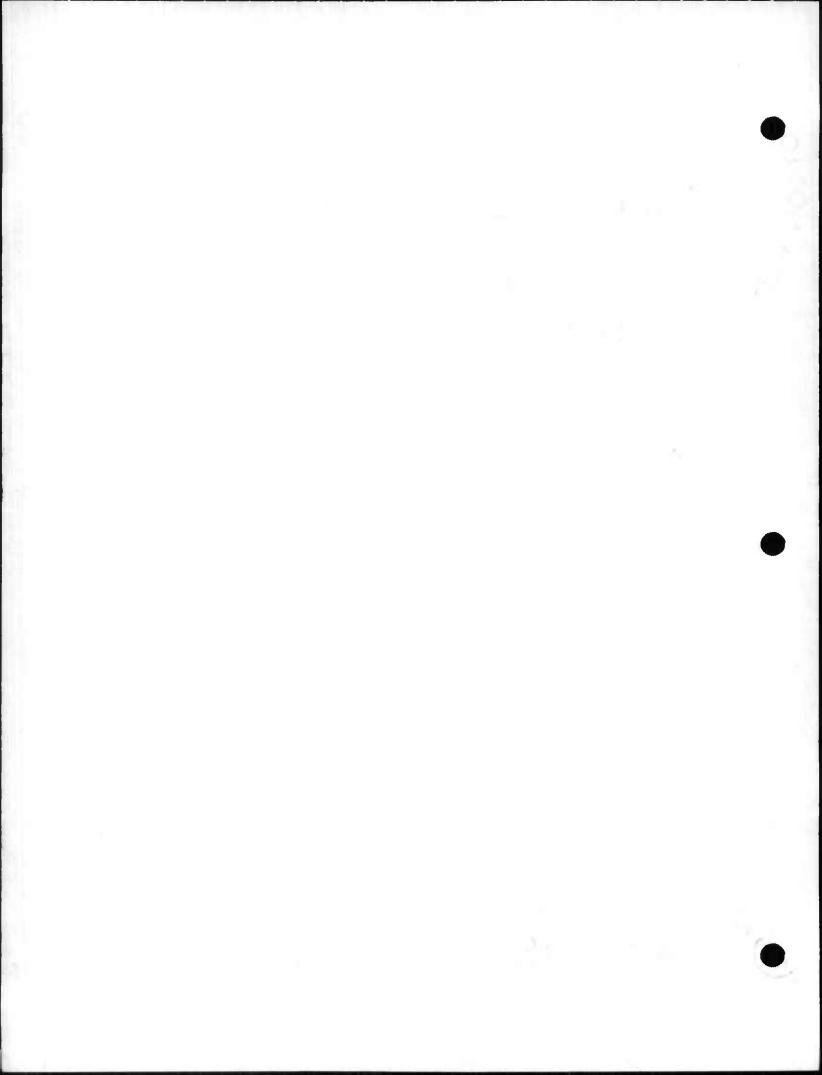


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL			OF HEALT) (_	47004			
	1. DECEDENT'S NAME (First, Middle, Last)		CENTI	FICATE	OF DEA	VI H	REG. NO). 					
			c . TT		20		2. DATE OF DEATH MONTH	DAY	VEAR	3. TIME OF DEATH			
	CORNELIU		COTI		>K.		10 1	9_ '	72	2P			
			In yrs. last birthda			ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		A. BIRTHP Country)	LACE (State or Foreign			
	247-28-5244	1 M 2 □ F 74	YRS	MONTHS	DAYS HOURS	Milet.	May 15.	1918					
	9a. FACILITY NAME (If not institution, give stre			9b. CITY,	TOWN OR LOCA	TION OF D			TY OF DE	ATH			
CTOR	Harbor Hospital	Center			ltimore								
15		CENTEL				, 170							
DIRE	Md 10a. STATE 10b. COUNTY			737 Ro	und Rd.	Ba	ltimore, M	1d		LIMITS?			
1 .	10e. STREET AND NUMBER				10f. ZIP CO					IA/COUNTRY?			
FUNERAL	2737 Round	Rd			212			1 "	S.A	IAI/COUNTRY?			
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. V	MAS DECEMBENT	OF HISPA	NIC ORIGIN? (Specify Ye			- American Indian.			
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	11	yes, specify Cul	oan, Mexico	in, Puerto Rican, etc.)		Black, Specify	White, etc.			
8	15. DECEDENT'S EDUCA	TION	16a, DECEDENT	'S USUAL OC	CHRATION		16b, KIND OF BU	IONIECE (INC	HOTON	Black			
<u></u>	(Specify only highest grade or Elementary/Secondary (0-12)		(Give kind	of work done d use retired.)	luring most of wor	lding	IOD, KIND OF BU	JSIMESS/IMD	USTRY				
COMPL			Const	ructi	onal-Re	tire	d						
Ö	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Victoria Plandor												
111	William Scott Victoria Blander												
100	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
2	Hattie Scott 2737 Round Rd. Baltimore, Md 21225												
	20s. METHOD OF DISPOSITION 1. Buriel 2 Cremation 3 Remov 4. Donation 5 Other (Specify)	al from State 20b.	PLACE AND DAT	r other place)	Ce	dar	10/23/92	DCATION —	City or Tow	n, State			
	21. SIGNATURE OF FUNERAL SERVICE LIPER	William C. Brown Comm. F/H-Balto. Md 21217											
TIFICATION	23. JART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	DART II Other cignificant conditions conditions conditions and the standard to									VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO			
Z													
SIC!		IOSPITAL:	ellent a 🗆 aa-	OTHER									
¥	27. MANNER OF DEATH				-	lesidence	8 Other (Specify)						
7	1 Natural 5 Pending	(Month, Day, Year)	286. 1	IME OF NJURY M	28c. INJURY AT WORK?	□ NO	28d. DEŞCRIBE HOW	INJURY OCC	URED				
ED BY PI	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide defermined	28e. PLACE OF INJURY building, etc. (Speci	— Al home, farm	n, street, facto			281. LOCATION (Street City or Town, State		or Rural Ro	ute Number,			
<u></u>	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my knowle											
COMPL	one) 2 MEDICAL EXAMINER:									and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER	- 1				CENSE NUI				Vonth, Day, Year)			
B B	(1.1.	ms. CAI	Wir	MA H				▶ //	0/12	Long, roar			

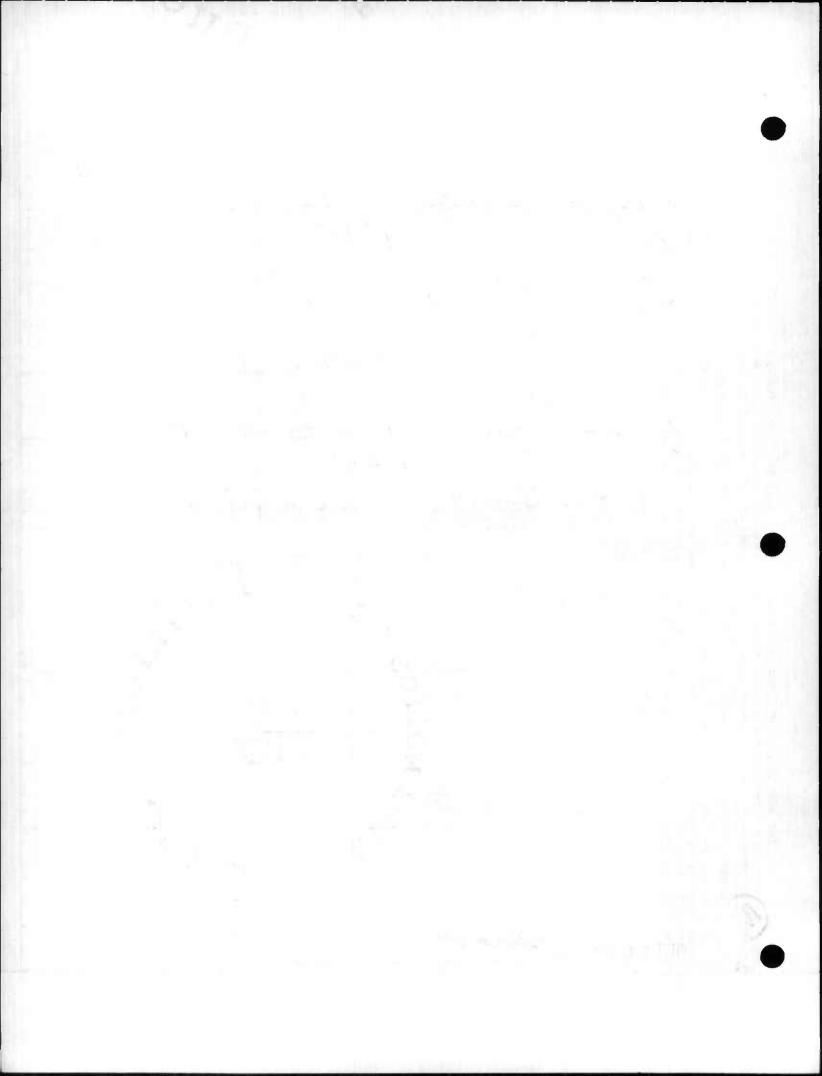


OCT 2 6 1992



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1		a)	1

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO								
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH						
- 59	PURCELL SAUNDERS			10 2	5 19	3						
	4. SOCIAL SECURITY NUMBER 5. SEX	La sara de la compania	UNDER 1 YEAR IF UNDER 24 HRS.		-							
			7. DATE OF BIRTH (Month, Day, Year)	8. Bit Co	RTHPLACE (State or Foreign							
	224-01-4272 1x M 2	8-25-16		VA								
	224-01-4272 1X M2 1 76 YRS. 8-25-16 Sea. FACILITY NAME (If not institution, give street and number) Sec. COUNTY OF DEATH Sec. COUNTY OF DEATH											
C	Manager 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1											
입	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNTY			Land manner army								
<u>E</u>	64			10d. INSIDE CITY LIMITS?								
0	110.		AlTIMOR-	و		1 X YES 2 NO						
FUNERAL	10s. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?						
E	561 PRESSTMA	n/	2/2/	2	110.	A.						
Ž		CEDENT EVER IN U.S. ARMED	40 440 0505405445 05 44004	/	1. 7/	7						
F	1 Never Married 2 Married FORCES	7 1 YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic	an, Puerto Rican, etc.)	or No — 14. R	ACE — American Indian, lack, White, etc.						
ВУ	3 Widowed 4 Divorced IF YES,	GIVE WAR OR DATES	1 TES 2 NO Speci	Hy:	9	methy 1						
					12	31401						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USI	JAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTR	1						
画	Elementary/Secondary (0-12) College (1-	4 or 5 +) We. Do NOT use re	done during most of working tired.)									
4		CONSTR	rustion									
N	17. FATHER'S NAME (First, Middle, Last)	C 0/03/ N										
			10. MOTHER'S N.	AME (First, Middle, Malden	~							
BE	JOBACH JANNDE	SR5	MAR	4 57	AIN B	ACK						
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural									
5	AMANDA OWE	Ve 561	PRESSTMAN	1ct Do	4 4	1 20010						
					10,00	11 2127						
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cermetery, cremetery, creme											
	4 Donation e Other (Specify)											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WILLIAM C. BROWN COMPMUNITY FIH											
- 3	MILIAM C BROWN COMPAUNITY PIA											
	Will are	SCON	1206 W 1	lorth Al	1e	/						
	23. PART I. Enter the diseases, or complication	ns that ceused the death. Do not	enter the mode of dying, su	ch as cardiac or respi	ratory arrest,	Approximata						
	shock, or heart failure. List only or	ne ceuse on each ilne.	HILINIA CONTRACTOR OF THE CONTRACTOR		rest de court	interval Between						
	iMMEDIATE CAUSE (Final disease or condition											
	disease or condition as Chronic Obstructive pulmonery disease years Due to (or as a consequence of:											
	C	UE TO (OR AS A CONSEQUENCE OF):										
-	11	avy tobacco	use			Vens						
ō	Sequentially list conditions,	UE TO OR AS A CONSEQUENCE OF:	030			7 6003						
5	if any, leading to immediate cause. Entar UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury											
쁜	that withanted events	UE TO (OR AS A CONSEQUENCE OF):										
E	resulting in death) LAST											
DICAL	PART ii. Other significent conditione contribut	ing to deeth but not resulting in t	he underlying cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS						
3	hypertension			PERFOR		MAILABLE PRIOR TO COMPLETION OF CAUSE						
8	2/2 0/2	scular dise	4	1 _ YES 2	XNO	OF DEATH?						
M	periphinal va	scular aist	ase			1 TYES 2 NO						
ż	_ gastric u/c	ers				/ /						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)								
Sic	EXAMINER? 1 VES 2 NO 1 Inpute		THER:									
ž			Nursing Home 5 Residence									
4	(M	ATE OF INJURY 28b. TIME O	F 28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED							
BY	1 Chatural 5 Pending	1000	M 1 YES 2 NO									
	3 Suicide a Could and by 26a, Pi	ACE OF INJURY — At home, farm, street	t, factory, office	281. LOCATION (Street a	and Number or Rur	al Route Number,						
COMPLETED	4 Homicide determined	illding, etc. (Specify)		City or Town, State)								
E I	no continue											
7		best of my knowledge, death occurred a	the time, data and place, and du	e to the cause(a) and mai	mer as stated,							
M		is of exemination and/or investigation, in				e(a) and manner as stated.						
2					100							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	11	29c. LICENSE NU	IMBER	29d. DATE SIGN	ED (Month, Day, Year)						
-		HOUSE OF	trus		101	21.100						
0 1	parking coum pul	1 JULICE U	, ,			4019 -						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	D CAUSE OF DEATH (ITEM 27) (Type, Pri	n()		/	20/42						
5	160.41 - 112 -	D CAUSE OF DEATH (ITEM 27) (Type, Pri	nederal Ca	10- F	Balt	MD 21262						
10	Kathryn Colby 1	D CAUSE OF DEATH (ITEM 27) (Type, Pri	nedical Cer	nter E	Balto	MD 21262						
10	160.41 - 112 -	D CAUSE OF DEATH (ITEM 27) (Type, Pri	nedical Cer	nter &	Balto	MD 21262						



1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	TIEGIOTIPIIT				OATE		DEA			EG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH	av.	YEAR	. TIME OF DEATH
	CATHERINE B.	SCHILLEN	BERG						10	16		92	7:20 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH			LACE (State or Foreign
- 1	212-07-8637	1 M 2 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De		1005	Country)	
i	9a. FACILITY NAME (If not institution, give at		07		D1 0/77/	-	OR LOCATION		MARCH	10,			RYLAND
~ I	as. The last t theme (if not institution, give a	reat and number)			90. CITY	, IOWN	DR LOCATIO	ON OF DE	EATH		9c. COUN	TY OF DE	ATN
Ö	Salisbury Nursing	g & Rehai	b. Cente	r	Sal:	isbu	ry				Wic	omic	0
5													
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCA	TION						IOd. INSIDE CITY LIMITS?
	MARYLAND AN	NE ARUND	EL		GLEN	BUF	NIE					,	YES 2 NO
7	10e. STREET AND NUMBER					10	. ZIP CODI	E			10g. CITIZ	EN OF WH	AT COUNTRY?
3	38 MAPLEDALE AV	ENUE					21	061				TI	.S.A.
FUNERAL	11. MARITAL STATUS	40 400 0505050	IT EVER IN U.S. AR						A				
교 [1 Never Married 2 Married		YES 2 K		13.	WAS DEC If yea, ap	ENDENT C ecify Cube	n, Mexica	NIC ORIGIN? (S	pecify Yes n, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.
B	3 X Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		_ 3	T YES	2 🔲 NO	Specify	y:			Specify:	
	CQ				1 YES 2 NO Specify:								WHITE
m	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON	101	16b. KIP	D OF BUS	SINESS/INDL	STRY	
<u>ا</u> بت	Elementary/Secondary (0-12)	College (1-4 or 5	Man Man	. Do NOT us	e retired.)	adming me	or or working	·w					
립	6TH GRADE		ВС	OKKE	EPER					FRY	& SC	N	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTNER'S NAM					MF (First Address				
	GEORGE W. VOYCE										Junenne)		
띪				THERESA									
2	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILINO	ADDRESS	Street i	ind Number	or Rural I	Floute Number,	City or Tow	n, State, Zip	Code)	
-	MR. VERNON SAPP		_	RT	2 BO	X 27	7 -	PARS	ONSBER	G. M	D. 2	1849	
1	20g. METHOD OF DISPOSITION		20b.PLACE						DATE				
1	1 XBurial 2 Cremation 3 Rame 4 Donation 8 Other (Specify)	cemetery, cre	matory or o	ther place)				DATE					
- 1	21. SIGHATURE OF PUMERAL SENVICE DO		THED					BALTIMORE					
	HIBBARD FUNERAL HOME INC.												
- 1	1 - 11-11 X - 111												
\neg	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate												
	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	B	allen	AL A CONSEQUENCE OF):									interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	(OR AS A CONSEC	R AS A CONSEQUENCE OF):						Year.			
	PART il. Other aignificant condition	e contribution to	doubt had not a	a a state -	- 45	A 1 - A -			Part I. 24s, WAS AN AUTOPSY				
: MEDICAL			Seath Sut Hot I	eaciting (er tria on	loonyin	g cause (Jivan in		PERFOR	MED?	0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
4	25. WAS CASE REFERRED TO MEDICAL					10.1							
PHTSICIAN:	EXAMINER?	HOSPITAL:	- he		OTHER		ACE OF D	EATH (Ch	eck only one)				
2	1 Pres 2 No	1 Inpetient 2	ER/Outpetient 3	□ DOA			e 5 □ Re	sidence	6 Other (Sc	recify)			
E	27. MANNER OF DEATH	28a. DATE OF (Month, E		28b. TIM	E OF URY		URY AT		28d. DESCRI	BE HOW I	NJURY OCCI	URED	
	1 Netural 5 Pending	(Month, C	oy, rour,	""	M		YES 2	NO					
	2 Sulpide	28a. PLACE C	F INJURY — At ho	me, term, r	treet, fact	ory, offic			281. LOCATIO	N /Street s	and Alumber o	y Runel Bo	do Alumbar
	4 Homicide detarmined	building,	etc. (Specify)			.,,	-		City or To	wn, State)	and manipul t	A CHOPAT PHOTO	NW TYLITHOON,
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PNYSI												and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIES		_										
N I		-//					29c. LICE	NSE NUN	WBER		29d. DATE	SIGNED (fonth, Day, Year)
2	00 -1						1)0	2-7	347		1	0/17	186
	30. NAME AND ADDRESS OF PERSON WN	COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)			1	1		/		/
									-		/		
	31. DATE FILED (Month, Day, Year)	32, REGISTRA	R'S SIGNATURE			_							
	OCT 2 6 1992) Cretian	Day Son A	andall									

10

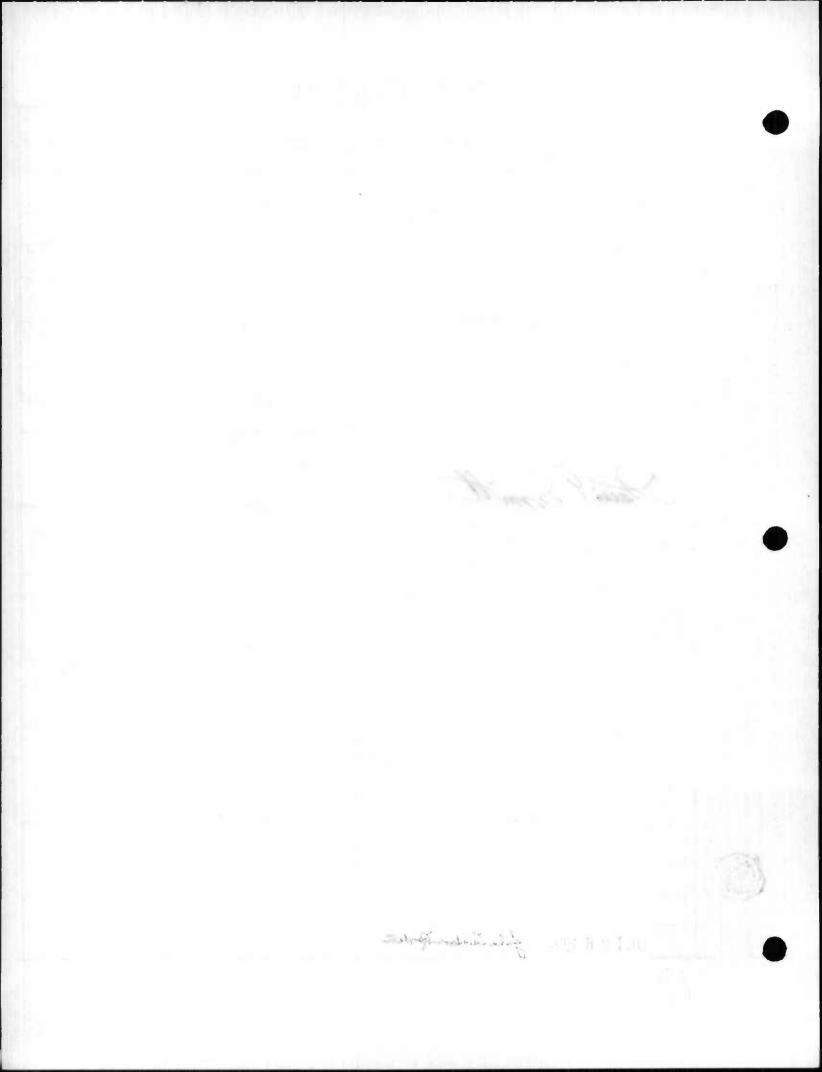
FPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should not 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

Et Item 26 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

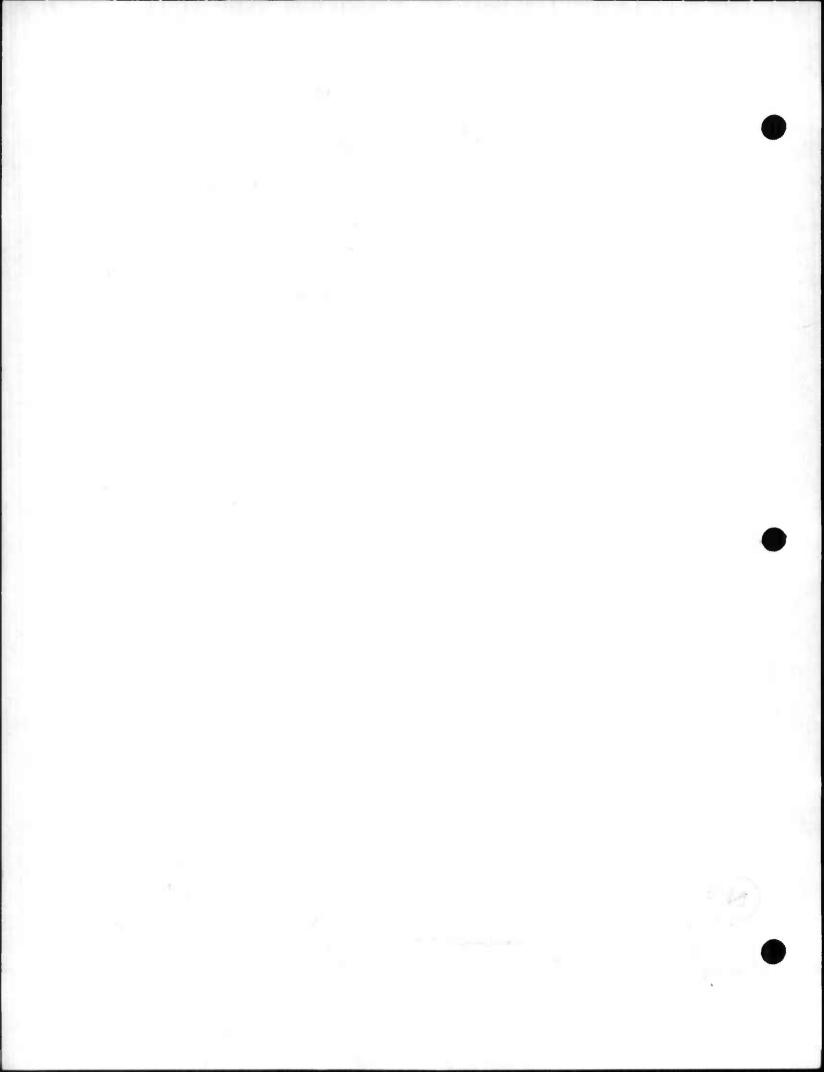
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



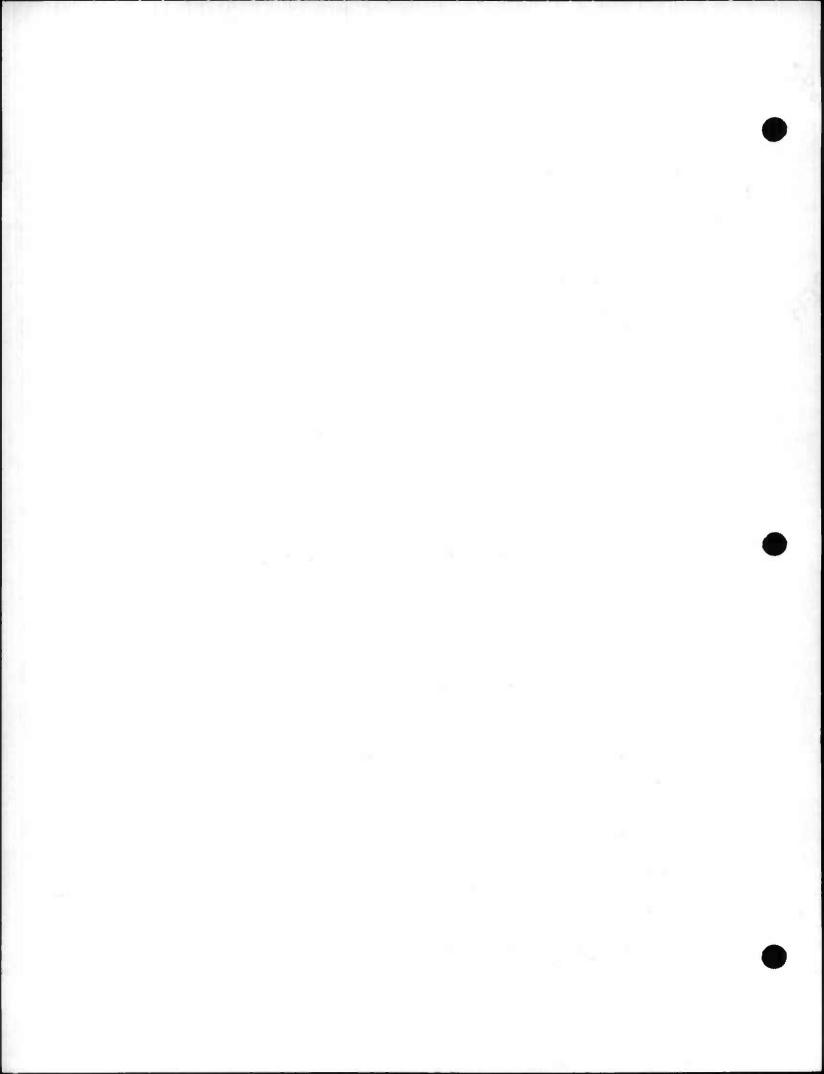
BALTIMORE, MARYLAND 21215-0020 for death. Page 6 may be retained by the hospital or attending physician. the hineral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 all examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	PIESID 10e. STAI 10e. STAI 11. MART 11. MART 11. Nev 17. FATHE 19e. INFO All 20e. MET 110 Burl 4 Don 21. SIGN/
DIVISION OF VITAL RECORDS, P.O. BOX 68760, E HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. E FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 within 28 is marked, or lifem 28 is hows any Injury, or other traumatic event, the medical examiner must be notified at once.	E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PAR IMMEDI disease resultin Sequen if any, I cause. I CAUSE that init resultin PART II. 25. WAS C EXAN 1

1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM					/ (<u>.</u>	2000		
1. DECEDENT'S NAME (First, Middle, Last)	E B	SEI	PP		2. DATE OF DEA	ATH	YEAR 3.	TIME OF DEATH		
The second secon	5. SEX 6. AGE (In 1		FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	04 O- M					
9a. FACILITY NAME (N not Institution, give atre Harbor Hospital	,		Baltimo	OF LOCATION OF DE	ath Lity		Y OF DEAT			
Maryland Anne	Arundel	10c. CITY, T	OWN OR LOCAT	TION				d. INSIDE CITY LIMITS? YES 2 17 NO		
10e. STREET AND NUMBER	elegraph Road			21144				T COUNTRY?		
	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	ENOENT OF HISPAN ecity Cuben, Mexicar 2 NO Specify	, Puerto Rican, e	ify Yes or No. 1	4. RACE -	American Indian, Thie, etc.		
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5 +)	6e. DECEDENT'S USI (Give kind of work life. Do NOT use n	k done during mo atired.)			OF BUSINESS/INDU	STRY	1111100		
17. FATHER'S NAME (First, Middle, Last)	year ark Beatty	Housewi	re	18. MOTHER'S NAI	AE (First, Middle, A	e Maker				
19a. INFORMANT'S NAME (Type/Print) Alfred H. Seipp	200007	19b. MAILING AD Lot 41		nd Number or Flurel F I'elegraph	oute Number, City			land 21144		
20s. METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	al from State 20b. P	LACE AND DATE OF CORP., crematory or other Parkern	DISPOSITION (Na Place) Memori	al Park	1	oc. LOCATION — CI Glen Bur		Maryland		
21. SIGNATURE OF FUNERAL SERVICE LICES	Roanino	ruski	Georg	o ADORESS OF FAC E J. Gond Ritchie H	e Funer	al Home	P.A.			
23. PART I. Enter the diseases, or conshock, or heart failure Life IMMEDIATE CAUSE (Final disease or condition resulting in death)	et only one cause on eac	EPS 1	S					Approximate interval Between Onset and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	VA	G P	NEUM	ONIA	asperoe	timi			
PART II. Other significant conditions	contributing to death but	not resulting in t	the underlying	g cause given in	P	AS AN AUTOPSY ERFORMED? (ES 2 NO	AM CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Che		M				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ Y WO			HOW INJURY OCCU	RED			
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify,	At home, farm, street	et, factory, offic		26f. LOCATION (City or Town,	Street and Number of State)	r Aural Aout	e Number,		
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMPLES	AN: To the best of my knowled	ge, death occurred a	nt the time, data in my opinion, d	and place, and due	to the cause(s) ar	nd manner as stated	1. cause(a) ar	nd manner sa stated.		
290. SIGNATURE AND THIS OF PERSON SHIP		Н (ITEM 27) (Турс, Ргі		AS -ZK4				orith, Day, Year)		
ABDUL K. GAPUBH 31. DAYE FILEO (Month, Day, Year)	MD HAR	BOR HOSI	PITALC	12.300 r	S. HAI	NOVER S	7, BA	LI MUSE ND		
UCT 2 6 1992 4	the Davidson-Mark						- 2	120,		



BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 2* nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral direction, pages 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	R: After thi	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: 41 Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF HI		MENTAL HYGIEN REG. NO.	E				
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DA	W W	3. TIME OF DEATH			
		thur F. S	imermeye	r, Sr.		October 25		2 11:58p.m.m			
	7	737	in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)			
	072 20 30 13	ØM 2 □ F 10	O YRS.			(Month, Day, Year) March 30,	189 2 Ne	county) ew York State			
00	9a. FACILITY NAME (If not institution, give street				R LOCATION OF DEA	ATH	9c. COUNTY OF DEATH				
5	Meridian Nursing Ho	ome		Randa	11stown		Balti	lmore			
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCATION				10d. INSIDE CITY			
		altimore			Randa11	stown		1 TES 2 NO			
3AL	10e. STREET AND NUMBER		. 0	101.	ZIP CODE			OF WHAT COUNTRY?			
FUNERAL		oin Road Ap			211			ed States			
	1 Never Married 2 Married	. WAS DECEDENT EVER IN FORCES? 1 YES	2 1 NO	If yes, spe	cify,Cuban, Mexican	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, etc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ILES	1 () YES	2 A NO Specify:			Specify: Caucasian			
COMPLETED	15. DECEDENT'S EDUCATE (Specify only highest grade com	ON spleted)	16a. DECEDENT'S	USUAL OCCUPATION	N t of working	16b. KIND OF BUS					
	Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	Ille. Do NOT us	p retired.)	or working			10			
₩.	8th. Grade 17. FATHER'S NAME (First, Middle, Last)		Builde	r			e Buil	der			
	Henry Simermeyer					ME (First, Middle, Meiden eth (Nee P		1. \			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street an		oute Number, City or Town		/			
5	KAtherine Simermeye	r				Randallst					
	20a-METHOD OF DISPOSITION	20b.	PLACEANDDATED	F DISPOSITION /Nan	ne of	DATE 20c. LO	CATION — City	or Town State			
	1 Aburiel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Holly Family Cemetery October 28, 1992 Randallst										
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME AND	ADDRESS OF FAC	uneral Dir					
	<u> </u>			8728 L:	iberty Ro	d.Randalls	town, M	D 21133-4784			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Approximate interval Between Onset and Death										
	resulting in death) a,_	DUE TO (OR AS A	CONSEQUENCE OF):	2000						
Z	Sequentially list conditions, b.										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							
[윤]	CAUSE (Disease or Injury that Initiated events	DUE TO (DR AS A	CONSEQUENCE OF):							
ᇤ	resulting in death) LAST										
	PART II. Other significant conditions or	ontributing to death by	it not resulting in	n the underlying	seuse elime le f	Part I. 24s, WAS AN					
CAL	Hyper	-tensio		i the underlying	cause given in r	PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC	11//					1	□ NO	OF DEATH?			
						-		1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATH (Chec	ck only one)					
Sic		OSPITAL: ☐ Inpatient 2 ☐ ER/Outpe	itlent 3 🗆 DOA	OTHER:	5 Residence 6	5 Other (Specify)					
1	27, MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU JRY WOR	RY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED			
B	1 Neural 5 Pending 2 Accident Investigation			M 1 🗆 YI	ES 2 NO						
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, s' fy)	treet, factory, office		28f. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,			
COMPLETE	29a. CERTIFIER Check only	: To the best of my knowle	edge, death occurre	d at the time, data a	and place, and due t	to the cause(a) and man	iner as stated.				
O.								suse(s) and manner as stated.			
l w l	296. SIGNATURE AND TITLE OF CONTIFIER	0	Jerone	H.	29c. LICENSE NUM	BER	29d. DATE SE	GNED (Month, Day, Year)			
0 B	SECTO	2		Sberg, M+	120	2964	6	126192			
	30. NAME AND ADDRESS OF PERSON WHO CO	THY PLATE DEA	ATH (ITEM 27) (Type,	Print)	Randa	allstow	n, Ma	021133			
	31. DATE FILED (MONTH, Day, Year) QCT 2 6 1992	ia Devidoon-As	TURE			·.					



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directic, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

FOR STATE REGISTRAR

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest)	1.Schi	SIDD						2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNIDE	R 24 HRS.	7. DATE OF BIT	23	92	HPLACE (State or Foreign	
	215-16-1590	1 🗆 M 2 💢 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	% () () () () () () () () () (Count	MD	
OB	90. FACILITY NAME (If not institution, give to 515 W. Ring Fa					TOWN O		ION OF DE			Har		
ᇤ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Υ		10c. CI	TY. TOWN C	TOWN OR LOCATION 10d INSIDE							
L DIRECTOR	MD 10e STREET AND NUMBER	Harford	1	100.01		В	el Ai					10d. INSIDE CITY LIMITS? 1 ☐ YES 2 1 NO	
VERA	515 W. Ring Factory Rd. 21015 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE Black Specify 10. 22 No Specify:											WHAT COUNTRY?	
84												E — American Indian, k, White, etc.	
	15. OECEDENT'S EOU (Specify only highest grade	CATION completed)	(G	ive kind of	work done o	CCUPATIO	ON est of working	ng	16b. KIND	OF BUSINESS/II	NDUSTRY		
MPLE	15. OECEDENT'S EQUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 16b. KIND OF BUSINESS/INDUSTF (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKE' 17. FATHER'S NAME (First, Middle, Last) I.C) LISSE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code												
TO 8	Joan Schisler		191	b. MAILING	515	W.	Ring	Fact	ory Rd	or Town, State, 2 Bel A	ip Code)	(I) 21015	
	20a. METHOD OF DISPOSITION 1 Secretary Burlel 2 Cremation 3 Removal from State Cemelery, crematory or other place) 20b. PLACE AND OATE OF DISPOSITION (Name of cemelery, crematory or other place)												
	21. SIGNATURE-OF-EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY												
	Cyach/Rosedale Funeral Home 1211 Chesaco Ave. 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
NO	iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	a. DUE TO	OR AS A CONSECUTION OF AS	ouence o	AY S	-Ci	no		M	etaki		Approximate Interval Between Onset and Death	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSEC										
	PART II. Other aignificent condition	na contributing to	death but not r	eaulting	in the un	derivino	Cause (niven in I	Part I 24a 1	MAS AN AUTOPSY	245	WERE AUTOPSY FINDINGS	
: MEDICAL									1	PERFORMED? YES 2 NO	2.40	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF O	EATH (Che	ck only one)				
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER		• 5 □ Re	rsidence (B C Other (Spec	tfy)			
ву Рн	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF (Month, D		28b. TIM IN.	E OF JURY M		URY AT RK? YES 2] NO	28d. DESCRIBE	HOW INJURY OF	CCURED		
0	3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At horetc. (Specify)	me, term,	street, facto	ory, office			281. LOCATION City or Your	(Street and Number, State)	er or Rural F	Soute Number,	
4 Homicide determined 29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 20 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner.										and manner as stated.			
8	29b. SIGNATURE AND TITLE OF CERTIFIES	MEST) :	hve	cicio	^/	29c. LICE	NSE NUM	582	29d. DA	TE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF OEATH (ITER	1 27) (Type	Print)	./ V.I		,0	_ U		10 6	-) 1 6	
	31. DATE FILED (Month, Day, Year) OCT 26 1992		R'S SIGNATURE	dipp				-:	-		-		
	001 60 1332	0		-								DUMBIL OF Day of the	

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FOR STATE REGISTRAR

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be netified at once.

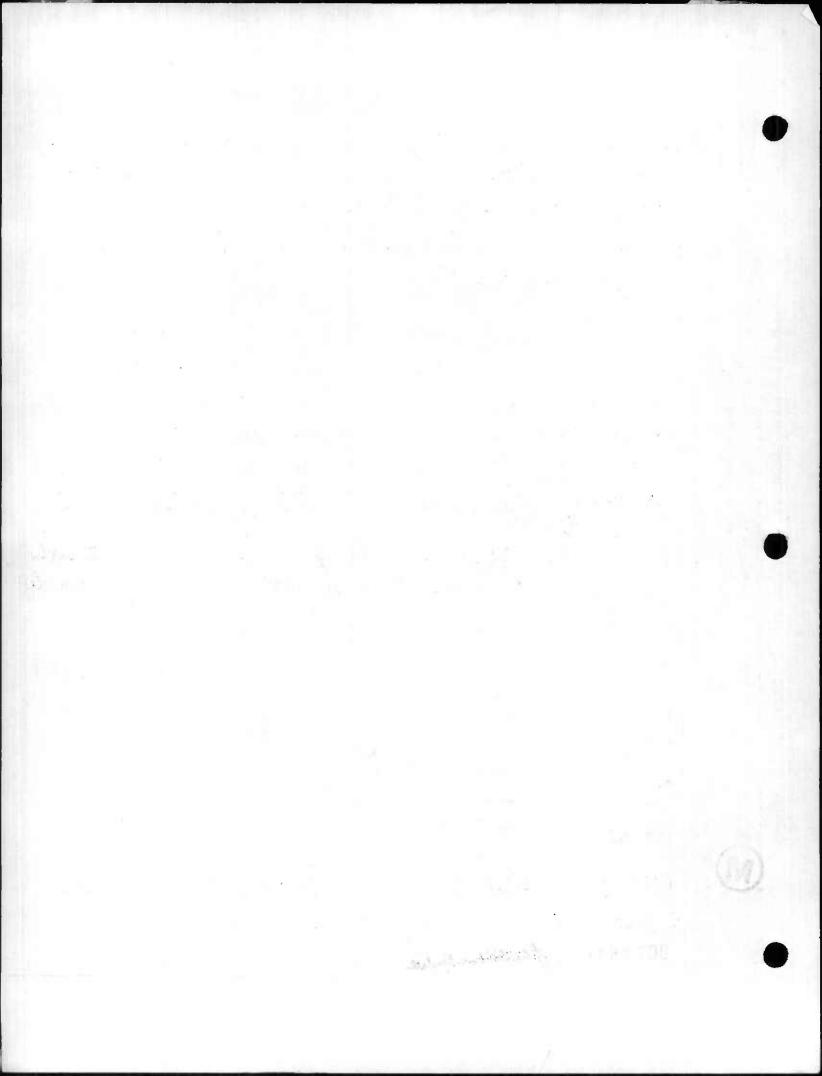
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)									OF DEATH	i.		3. TIME OF DEATH	
	HOWARD		SNYD	ER						10	2.3	AY }	92	6:40 A.M M	
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDE		IF UNDE	7		OF BIRTH		8. BIRTHP	LACE (State or Foreign	
	212 09 7105		1 XM 2 - F	95	YRS.	MONTHS	DAYS	HOURS	MIN.		3/1897		MARY	TLAND	
_	Se. FACILITY NAME (If not ins					9b. CITY	r, TOWN (R LOCATI	ON OF D			9c. COUNTY OF DEATH			
0	VA MEDICAL CE	ENTER,	FT HOWA	RD		FO	RT H	OWAR	D			BALT	BALTIMORE		
Dia l	RESIDENCE OF DECI	10b. COUNTY			10c, CIT	10c. CITY, TOWN OR LOCATION							IOd. INSIDE CITY		
E	MARYI AND	BATT	IMORE			ALTI								LIMITS?	
AF	10e. STREET AND NUMBER	DI ILII.	LITORE	· · · · · · · · · · · · · · · · · · ·	1	ALII		. ZIP COO	E			10g. CITIZ		IAT COUNTRY?	
ER	8356 OLD PHI	LADELI	PHTA ROA	D				212	27			LISA			
BY FUNERAL DIRECTOR	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR		13.	WAS DEC	ENDENT (OF HISPA	NIC ORIGI	N? (Specify Yes		14. RACE -	- American Indian,	
≥	1 Never Merried 2 . B			MAR OR DATES	NO			2 NO			Rican, etc.)		Specify:	White, etc.	
		DENT'S EDUC	ATION	W I	050541710					1				ITE	
COMPLETED	(Specify only Elementary/Secondary (0-)	highest grade d	completed)	(G	CEDENT'S live kind of Do NOT u	work done	during mo	on st of world	ng	168	. KIND OF BU	BINESS/IND	USTRY		
7	4	12)	College (1-4 or 5	+)		,					Shipy	arde	/St00	1mi 1 1	
OM	17. FATHER'S NAME (First, Mic	idle, Last)						16. MOT	HER'S NA	ME (First.	Middle, Meiden		Diee	TIMETT	
BE C	Charles Snyde	er							Dori	s		,			
TO B	19s. INFORMANT'S NAME (7)	pe/Print)		19	b. MAILING	ADDRES	S (Street e	nd Numbe	or Rural	Route Num	ber, City or Tow	n, State, Zip	Code)		
۲	CLINICAL REC	ORDS												VD. 21052	
	20a. METHOD OF DISPOSITION	3 Remo	val from State	20b. PLACE	AND DATE	OF DISPOS	SITION/Na	me of		DAT	E 20c. LO	CATION - C	Ity or Town	n, State	
	4 Donation 6 Dother (Specify)		_ cemetery, cre Gari	ison					0-26	-92	Owing	js MI	lls, MD	
	21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE	111-1		22.	CVac	h RO	ss of FA	ale F	uneral	HOme	2		
	Cvach/Rosedale Funeral HOme 1211 Chesaco Ave.														
													Approximats		
	IMMEDIATE CAUSE (Fins)										Onset and Death				
	disease or condition														
				(OR AS A CONSE											
NO	Sequentially list condition	ona. S.	COPD												
¥	If sny, lesding to immedicause. Enter UNDERLYIN	late	DUE TO	(OR AS A CONSEC	DUENCE O	F):									
음	CAUSE (Disesse or Injury that Initiated events		DUE TO	(OR AS A CONSEC	DUENCE O	F):									
F	resulting in death) LAST														
2	DART II OIL - L-III														
MEDICAL CERTIFICATION	PART II. Other significan	conditions	contributing to	death but not r	esulting	in the ur	nderlying	cause	given in	Part i.	24a. WAS AN PERFOR		A	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO	
ă											1 TYES 2	ZNO.		OMPLETION OF CAUSE F DEATH?	
													1	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					00.04								
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ pos	OTHE	₹:			eck only or					
Ä	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM		28c. INJ		sidence	6 Othe	CRIBE HOW II	A HIBY OCC	IBEO		
	1 Netural 5 P	ending vestigation	(Month, D	Nay, Year)	INJ	JURY M	WO	RK7	NO				OTILO		
) BY	2 0 0-1-14-	ould not be	26e. PLACE O	F INJURY — At ho	me, ferm, a	atreet, fact		-		281. LOC	ATION (Street a	nd Number o	or Rural Rou	ite Number	
1		etermined	ounding,	etc. (Specify)						City	or Town, State)				
٦	29e. CERTIFIER 1 KNCERTIF	YING PHYSICI	AN: To the best of	my knowledge, de	ath occurr	ed at the t	ime date	and place	and due	to the cou	unafa) and man		4		
COMPLETED	one) 2 MEDIC	AL EXAMINER	On the besie of e	xemination end/or i	rveatigatio	on, in my o	pinion, de	ath occur	ed at the	time, date	end place, en	d due to the	ceuse(e) e	nd manner ee stated.	
	296. SIGNATURE AND TITLE O		0						NSE NUI					fonth, Day, Year)	
BE	6. Un	nto	ha a	u.D.								▶ /s	SIGHED IN	6 2	
2	30. NAME AND ADDRESS OF I	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	4 27) (Type,	Print)						(-/-	/ [
		CUSTOD	IO. M.D.	9600 1	JORTH	ו דחק ז	NT I	CAD	FOD	т иот	JARD. I	AD 3	1052		
	31. DATE FILED (Month, Day, Ye	er)	32. REGISTRA	R'S SIGNATURE				WALL.	run.	- auv	ARII,	-111	11137		
	OCT 26 199	12 9	una Davido	on-Mandae	2										
				-						_					

OCT 25 ... J. warmers ... Market

BALTIMORE, MARYLAND 21203-3146	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	4 3
BALTIMO	s after death. Page 6	by the funeral directi emoval.	
	24 nour	filled in on, or r	
13146,	pacuted within a	and completely burial, crematik	
XOX	ate be e	ysician prior to	
0.	certific	ding ph Hygiene	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the death	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
TALF	: The law	tate Dept.	
FVI	SICIAN	th the S	
ON	NG PHY	fter this	
DIVISIO	THE DR ATTEND	UL DIRECTOR: A	

	1 - STATE REGISTRAR	STATE OF N	MARYLAND / Ce		TMENT				MENTA	REG. NO				
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEAT			TH DAY YEAR 3. TIME OF DEAT			
	Anna H. Smal							Oct. 19, 199				9:25 A		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. las				MONTHS	1 YEAR DAYS	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHP Country,	LACE (State or Foreign	
	212-05-1081 9e. FACILITY NAME (If not institution, give	1 M 2 X F 83 YRS.						/09/1		Bal	timore			
OR	The Wesley Hor	me. Inc.					nore							
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT			10c. CI1	ry, TOWN (T	10d. INSIDE CITY	
DIRECTOR	Maryland				alti	mor	e,		V				LIMITS?	
FUNERAL	100. STREET AND NUMBER					101	. ZIP COO	E			10g. CIT	IZEN OF WI	EN OF WHAT COUNTRY?	
N.	2211 West Roy	12. WAS DECEDEN		MED	12	WAS DEC	212		HC OBIG	IN? (Specify Ye	no or No		S.A. - American Indian,	
BY FL	1 Never Merried 2 Married 3 X Widowed 4 Otvorced	FORCES? 1 IF YES, GIVE W	YES 2X	NO		if yes, sp	ecify Cube	n, Mexica	n, Puerto	Rican, etc.)		Black, Specify	White, etc.	
COMPLETED	15. DECEDENT'S EO		16e. OE	CEDENT'S	S USUAL O	CCUPATIO	ON		16	b. KIND OF B	USINESS/IN	DUSTRY		
E	Elementary/Secondery (0-12)	College (1-4 or 5	life	. Do NOT L	ise retired.)	ouring me	IST OF WORK	79						
MP	6		Op	era	tor					relep		Co.		
	17. FATHER'S NAME (First, Middle, Last)						18. MOT			Middle, Maide				
BE	George Danz 190. INFORMANT'S NAME (Type/Print)		1 40	h heast say	G ADDRES	C /Course	and Mount			Ulri		in Carlel		
5	Georgeann Ireton									more,		21234		
	200 METHOD OF DISPOSITION		20b. PLACE	OF DISPO					4161			- City or Tov	rn, Stata	
	1X Burial 2 Cremation 3 Real	moval from State	More More		Memo	ria	l Par	k		Pa	rkvi	lle,	MD	
	21. SIGNATURE OF FUNERAL SERVICE L	CEMBEE X		()			T C.			JRG FUI				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C	(OR AS A CONSE			ng	igm	00/	,				3-4 week	
	PART II. Other aignificant condition	ona contributing to	deeth but not	resulting	in the u	nderlyin	g ceuee	given in	Part I.	24e. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDING	
DICAL				or resulting in the underlying codes given in				PERFORMED?			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDI							ı						1 TYES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?													
YSIC	1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	4 XVIII		ne 5 🗆 R	esidence	8 🗆 Ott	her (Specify)				
ВУ РН	27. MANNER OF ĎEATH 1. Natural 6 Pending 2 Accident Investigation	28e. DATE OF (Month, E		28b. TI	ME OF JURY M	W	JURY AT ORK? YES 2 [□ NO	28d. D	EŞCRIBE HOW	INJURY O	CCURED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building.	OF INJURY — At he, atc. (Specify)	ome, farm,	, street, fac	tory, offic	00			CATION (Streety or Town, Steet		er or Rural R	oute Number,	
COMPLETED	one)	SICIAN: To the best of a											end metiner en stated.	
TO BE C	296. SIGNATURE AND THE OPERATION	Koly	mo.				29c. LIC	ENSE NU	4Z	5	29d. DA	TE SIONED	(Month, Day, Year)	
	ROBURT E. To	BY N	1D - Z	27) (1/12		1, 7	206	4PS		AVE		2/2	209	
	OCT 26 1992	32. REGISTRI	AR'S SIGNATURE											
_		()	TOTAL PLANE	EM2									DHMH-16 Rev	



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OF
IVISION

(4ngon	1/24/1
10	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
	IN PE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	urs after death. Page 6 may be retained by the hospital or attending physic
)	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdal-the forms after death with the State Denir of Health and Mental Horiene notice to burdal commands on command.	in by the funeral director, page 5 should be detached for use as the burlation and the burlations.
NI.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	redical examiner must be notified at once.

_	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / D	EPART RTIFIC	MENT OF H	HEALTH DEAT	AND I	MENTA	HYGIEN	IE 92	2.	9570			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH							
	JOANNE STEVENSON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthd)					1		10 19 199			992	7:00p M			
	425-21-4128	1 M 2 VF	6. AGE (In yrs. last b		IF UNDER 1 YEAR	IF UNDER	24 HRS.	(Mont	OF BIRTH		Country)	E (State or Foreign			
	9a. FACILITY NAME (If not institution, give a	Δ	34		b. CITY, TOWN (OR LOCATIO	ON OF DE		y 24,		Alaba				
OR	THE JOHNS HOPK	INS HOSPI	TAL		BALTIM		CITY				TXXXXX				
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	Y		10c CITY	TOWN OR LOCAT	TION									
DIR	Mississippi Lowr				Columbu							LIMITS?			
IAL	10e. STREET AND NUMBER					I. ZIP CODE				10g. CITIZ	EN OF WHAT				
FUNERAL	418 15th St. No						3970				USA				
	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARME	ED	If yea, sp	ecify Cuber	n, Maxicar	n. Puarto	I? (Specify Yes	e or No-	14. RACE — A Black, Whi	merican Indian, Ha, atc.			
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	MAR OR DATES ""		1 TYES	2 NO	Specify	r			Specify:	Black			
TED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECE	DENT'S US	SUAL OCCUPATION done during mo	ON ast of workin	a	166	KIND OF BU	SINESS/INDU		Diack			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 -		o NOT use i	retired.)		•								
OM	17. FATHER'S NAME (First, Middle, Last)	4		C.	.erk	18 MOTH	IER'S NAI	Co	olumbu Middle, Malden	s Air	Force	Base			
44	Warren Stevenso	on				•			ou Tay						
TO B	19a, INFORMANT'S NAME (Type/Print)				DDRESS (Street a	and Number	or Rural R	loute Num	ber, City or Tow	m, State, Zip (
	Willie Lou Stev	renson			5th St		th,	Colu	mbus,	MS :	39701				
	1 Burial 2 Cremation 3 X Ramo	oval from State	cemetery, crema	tory or othe	DISPOSITION (Na r place)			DAT	-361		ty or Town, S	itate			
	1. SIGNATURE OF FUNERAL SERVICE LICENSEE Memorial Gardens Cem. 10/25 Columbus, MS														
	John Hone	101.2			ROBERT							INC.			
	23 PART I. Enter the diseases, or c	complications that	t caysed the death	h. Do not	antar tha mo	23/PAT I. Enter the diseases, or complications that death. Do not enter the mode of dulpo such as configure as projections and a such as configure as a project a									
	7 Shook, or right failure. List only one cause on each line.														
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) a. Brain Death									notory and	pt,	Approximate interval Batween Onset and Death			
		. Brai.	n Death							notory site.		Intarval Batween			
	disease or condition	DUE TO	(OR AS A CONSEQUE	ENCE OF):								Intarval Batween			
rion	disease or condition resulting in dasth) Sequentially list conditions,	Brain	n Death (OR AS A CONSEQUE Stem Her (OR AS A CONSEQUE	O I CL								Intarval Batween			
ICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Brain DUE TO Neur	or as a conseque	ence of:	hon			•				Intarval Batween			
TIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Brain DUE TO Neur	OR AS A CONSEQUE	ence of:	hon) se		9				Intarval Batween			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO DUE TO DUE TO DUE TO	OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	ENCE OF): O 1 CL ENCE OF): En to ENCE OF):	hon siu Tu) se	IL	9				Intarval Batween			
O	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO DUE TO DUE TO DUE TO	OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	ENCE OF): O 1 CL ENCE OF): En to ENCE OF):	hon siu Tu) se	IL	9	24s. WAS AN	AUTOPSY	24b. WERE	Interval Between Onset and Death Chrs. 48 hrs. 15 yrs.			
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DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ENTROL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician.

THE PHYSICIAN: THE CONTINUE HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be mean with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If term 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

16

	REGISTRAR		CERT	IFICAL	E UF	DEALU	1	REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATN			1. TIME OF DEATH
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	4. SOCIAL SECURITY NUMBER 5		E (In yrs. last birthd	mal = 1880	ERII YEAR	IF UNDER 24 HRS.	7. DATE OF			-	LACE (State or Foreign
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	579-07-5416A 1	2 YR	S.			AUG.	12, 1	910	MAK	LANU	
	9a. FACILITY NAME (If not institution, give stree	t and number)		9b. CIT	TY, TOWN O	R LOCATION OF OE	EATH		9c. COUNT	TY OF DE	ATH
Œ	WOODLAND NURSING H	OME		ST	LUFR	SPRING			MONT	GOME	-RV
5	RESIDENCE OF DECEDENT	OME		J.	LVCK	31 1(2110			1110111	COME	-1(/
FUNERAL DIRECTOR	10s, STATE 10b, COUNTY		10c.	CITY, TOWN	OR LOCATI	ION				T	10d. INSIDE CITY
<u>E</u>	MARYLAND MONTGO	UEDV		ILVER							LIMITS?
9		VILKY	3	ILVLK						_	
4	10e. STREET AND NUMBER				107.	ZIP CODE					AT COUNTRY?
8	1000 DALEVIEW DRIV	E			2	0901			u.s	S.A.	
Ξ	11. MARITAL STATUS 1:	2. WAS DECEDENT EVER	IN U.S. ARMED	13	3. WAS DECI	ENDENT OF NISPAN	VIC ORIGIN? (S	Specify Year			- American Indian.
	1 Never Married 2 X Married	FORCES? 1 YES			If yes, spe	cify Cuban, Maxica	n, Puerto Rice				— American Indian, White, atc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES		1 TYES	2 NO Specify	y:			Spectly	HITE
	- 7700 00 - 52000		7								12.0
<u> </u>	15. DECEDENT'S EDUCAT (Specify only highest grade col		18a. DECEDEN (Give kind	f of work don	e during mos	N st of working	16b. KI	ND OF BUSI	INESS/INDU	JSTRY	
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집	12		HOUSE	WIFE			01	WN HO	ME		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, Mide	de Makten S	iumame)		
					- 1	_			,		
H	MORRIS LEAVEY					ANNA SH					
	19a. INFORMANT'S NAME (Type/Print)				,	nd Number or Rural I				,	
2	MARSHA L. SALISBUR	У	130	1 MAI	N STR	EET. VEN	VICE.	CALIF	ORNIA	4 902	291
- 1	20a. METNOD OF DISPOSITION					netery, crematory or		20c. LOC			
	1 DBurial 2 Cremation 3 Remova					ISRAEL C	20110			.,	
	4 Donation 5 Other (Specify)		INKU KU								
	21. SIGNATURE OF FUNERAL SERVICE LICEN			2:	CTETA	ID ADORESS OF FA I ロースカー(i)	MEMAD	TALE	TIMEDI	AL HO	DME, INC.
	Donald (V Tool	Henry	111	SILIN	A DDALL	MUMUK	TWT 1	UNLA	LUOT	ONL, ANC.
\rightarrow		100	nen 2	4	232 C	I HEBREW CARROLL S	SIKEEL	NW	WASH	ING I	JN, UC
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	TO THE HOSPITAL OF ATTENDING PHYSICIAN; The law requires that the death certificate be exec	TO THE FUNES CONTROLL After this certificate has been signed by the attending physician and be filed without a few filed with the State Dept, of Health and Mental Hygiene prior to but	
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IMPORTANT

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	1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)	STRA				2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH			
	EUGENE 1	5. SEX 6. AGE	Le Y EUG	JENE B.	STRALEY IN 1F UNDER 24 HRS.	7. DATE OF BIRTH		2 0405 M			
	232-36-9498 Se. FACILITY NAME (If not institution, give s		3 YRS.	MONTHS DAY	N OR LOCATION OF DI		Co	West Virginia			
TOR	Washington Advent		1		a Park	EATH		gomery			
DIRECTOR	10a. STATE 10b. COUNT	Arundel	Laur	re 1	OR LOCATION 10d. INSID						
ERAL	100. STREET AND NUMBER 8 Rose Street		-		101. ZIP CODE 20724		USA	OF WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 (A) VES IF YES, GIVE WAR OR	3 2 NO	If yes	DECENDENT OF HISPAI , apocity Cuban, Mexica YES 2XX NO Specif	NIC ORIGIN? (Specify Yes on, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	16, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of ville. Do NOT us	work done during se retired.)	most of working	U.S. GO					
COMF	17. FATHER'S NAME (First, Middle, Lest) Frank Straley	0	Liectro	DILIC2 M	18. MOTHER'S NA	ME (First, Middle, Maiden St Gay Herber	urname)	MIL			
TO BE	190. INFORMANT'S NAME (Type/Print) Patricia Straley				et and Number or Rural	Route Number, City or Town,	State, Zip Code				
	20s. METHOD OF DISPOSITION 1 Gurisi 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Disposition) DATE 20c. LOCATION — City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LICENSIA. 22. NAME AND ADDRESS					Home, Inc.	rei, n	larylanu			
	Stales	New ap		7601	Sandy Sp	ring Road.	Laure1	, MD 20707			
	23. PARU 1. Enter the diseases, os- shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	East only one cathe on Card	A CONSEQUENCE OF	spiro	1	la es cardiac or respira	tory arreat,	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF) C. DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) C. C. C. C. C. C. C. C. C. C. C. C. C. C										
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to death	but not resulting i	in the underly	ing cause given in	Part I. 24e. WAS AN AN PERFORM 1 YES 2 J	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
HYSI	1 TYES 2 NO 27. MANNER OF DEATH	1 Department 2 ER/Our 25a. DATE OF INJURY		4 - Nursing h	Injury AT		Hay cooling				
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		URY	WORK?	28d. DESCRIBE HOW INJ	URY OCCURE	D .			
ED	3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJUR building, etc. (Spe	Y — At home, larm, a ecily)	ry, offica 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLE		CIAN: To the best of my kno						se(s) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		northy	NO.	29c. LICENSE NUR	IBER I	29d. DATE SIGI	NED (Month Day Year)			
0	NAME AND ADDRESS OF PERSON WHE	O COMPLETED CAUSE OF D	30 La	print) holow	er Rd	16273 Landon	red 1	40			
	DCT 26"1992"	the wante	ulade.								

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FOR 1 - STATE

LOUISE MADELAINE SHEARIN
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Lest)		OLITTI	TOATE	DE DEATH	REG.		
	LouisE M,	SheARIN				2. DATE OF DEATH	DAY _Y	S. TIME OF DE
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	T (MARIE A VIII	I		10 9.	2
- 1	223-80-5595		111	MONTHS DAY		7. DATE OF BIRTH (Morth, Day, Yea 11/29/0	2 8.	BIRTHPLACE (State or Country)
		20	37 YRS.					Virginia
œ	9a. FACILITY NAME (If not institution, give a				VN OR LOCATION OF I		9c. COUNTY	
CTOR	PESIDENCE OF DECEDENT	ALTH CARE		(5A1	THERSBUR	9	Mo.	NTGomery
EC	10a. STATE 10b. COUNT	Y	10c, Cr	TY, TOWN OR LO	CATION			10d, INSIDE C
DIRE	Manual and Manual	1						LIMITS?
	Maryland Mon-	tgomery	G	aithers	Bburg 101, ZIP CODE			1 XYES 2
RAL		//					10g. CITIZER	OF WHAT COUNTRY
FUNER	211 Russell Aveni	1e. #422				0877		USA
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes	DECENDENT OF HISPA , specify Cuben, Maxic		Yes or No- 14.	RACE — American In Black, White, etc.
ВУ	3) Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES 11	10	YES 2 NO Spec	Hy:		Specify:
	15. DECEDENT'S EDU	CATION	16a. DECEDENT	S USUAL OCCUP	ATION	166 KIND OF	BUSINESS/INDUS	Whit
ET	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of	work done during	most of working	los, King Or	003114233/14003	ini
7	8	College (1-4 or 5+)	Homem	aker		Home	2	
COMPL	17. FATHER'S NAME (First, Middle, Last)				18 MOTHED TO M	AME (First, Middle, Ma		
	Asa Piercev						•	
BE	19a. INFORMANT'S NAME (Type/Print) RU	DV MIOOK ARD	106 84 84 11 104	O ADDRESS /A	Emma	Josephin	re Tucke	r
임	Stanley F. Knock	Tw						
	200. METHOD OF DISPOSITION				Terrace,			
	1 Duriel 2 □ Cremation 3 🖾 Rem	oval from Stata cem	PLACE AND DATE	other plece)	3000000		LOCATION — City	or Town, State LL, VIRGI
	4 Donation 5 Other (Specify)		AKWOOD (OUTH UII	on, virgi
	A	10	7		AND ADDRESS OF F			mo 2
	Muriel +	1-1Jack	e/	MU	riel H. E 525 Layto	arber Fur	peral Ho	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE (OF):	elon			
5	CAUSE (Disease or injury	C						
Ē	that initiated events resulting in deeth) LAST	DUE TO (OR AS A	COMSEQUENCE (л-):				i
8		d						
	PART II. Other significant condition	s contributing to death b	ut not resulting	in the underl	ring cause given in	Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPS
EDICAL				/			FORMED?	COMPLETION
빌							3 2 XNO	OF DEATH?
Σ.								1 🗌 YES 2
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	heck only one)		
Sic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Dutp.	atlent 3 DOA	OTHER:	lome 5 🗆 Residence			
PHY	27. MANNER OF DEATH	26a. DATE OF INJURY	20b. Til	NE OF 28c.	INJURY AT	28d. DESCRIBE HO	W INJURY OCCUR	ED
	1 Natural 5 Pending Investigation	(Month, Day, Year)	IN	JURY M 1 [WORK? YES 2 NO			
ě	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, farm.			261. LOCATION (Str	set and Number or 5	Rural Piruta Number
	4 Homicide determined	building, atc. (Spec	Hy)			City or Town, St	ate)	
E I	29a. CERTIFIER	NAME TO A STATE OF THE STATE OF						
MPL	(Check only	CIAN: To the best of my knowl						
8		R: On the besis of examination	and/or investigati	on, in my opinio	i, death occured at the	time, data and placa	, and due to the ca	euse(a) and manner a
BE	296. SIGNATURE AND TITLE OF CERTIFIER	0			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Ye
ဥ	Colle	O ocarlas	_	-	202	546	10	-209
=	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	e, Print)	208 W			
	C6.500) au t	Son	83	208 W	2 cm 2	in x	ca 3
	31. DATE FILEO (Month, Day, Year)	La Dandon Poly	ELEC.	-				
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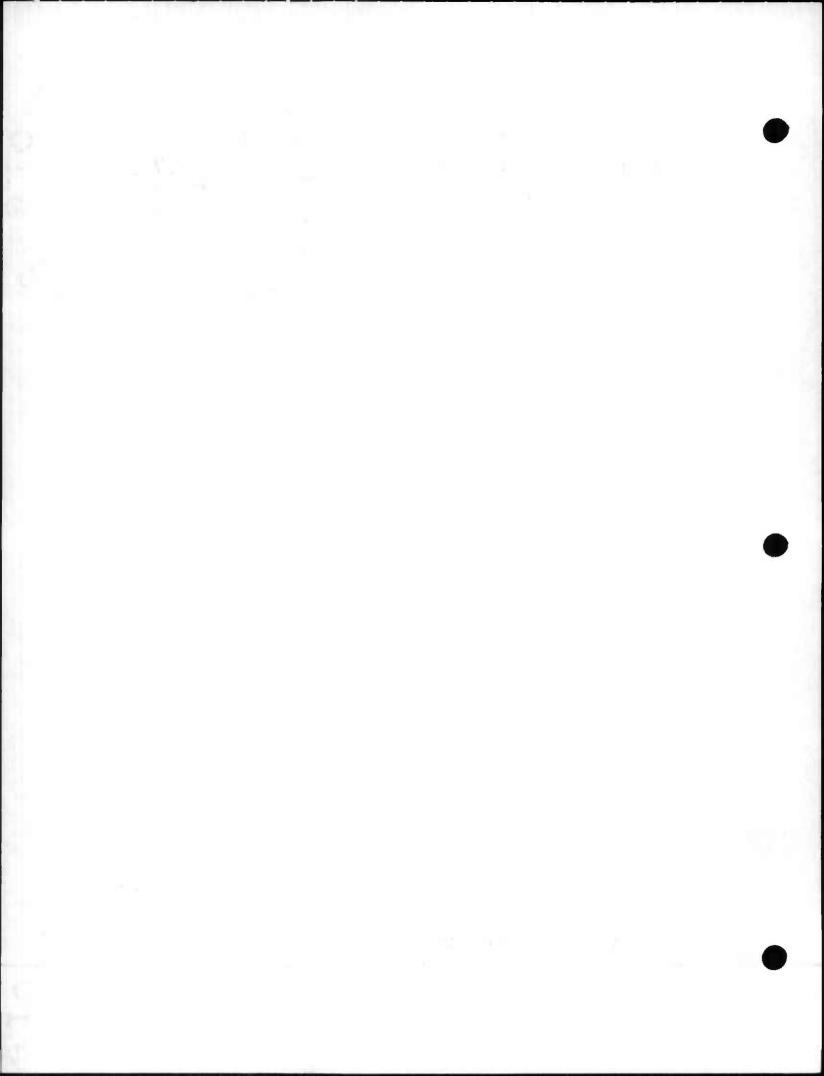
BALTIMORE, MARYLAND 21215-0020	h certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra
	24 ho	filled
68760,	ecuted within	and completely
P.O. BOX 68760,	certificate be ex	anding physician and completely filled in by the
0	-	5

ansit permit. Pages 1, 2, 3 should TO THE HOSPING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNETAL DIFFERING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the intended by the strending physician and completely filled in by the funeral director, page 5 should be detached. The filled withing 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 its marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT		NTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	HEGISTRAR	CERTIF	ICALE OF	DEATH	REG. NO.	
1	1. DECEDENT'S NAME (First, Middle, Last) SUSAN E	LIZABETH	TRIVETT	2.	DATE OF DEATH 10-24-	22 YEAR 3. TIME OF DEATH 2:55
		AGE (In yrs. last birthday) 35 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7. E HOURS MIN.	DATE OF BIRTH (Morth, Day, Mar)	a. BIRTHPLACE (State or Foreign Country) Canal
H	Stella Maris Hospice		96. CITY, TOWN OF	LOCATION OF DEATH		UNITY OF DEATH Baltimore
K	RESIDENCE OF DECEDENT		10000	••		201.010
DIRECTOR	Maryland Howard	10c, CI	TY, TOWN OR LOCATE	Laurel	· · · · · · · · · · · · · · · · · · ·	10d. INSIDE CITY LIMITS? 1 YES 2X NO
	10e. STREET AND NUMBER		101	ZIP CODE	100 CI	TIZEN OF WHAT COUNTRY?
FUNERAL	8649 Tower Drive			20723		USA
ВУ	11. MARITAL STATUS 1 Never Married 2 Name Forces? 1 FORCES? 1 FYES, GIVE WAR	YES 2 NO	If yes, spec	NDENT OF HISPANIC O offy Cuben, Mexican, Pu DEXIMO Specify:	RIGIN? (Specify Yes or No— erto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of	B USUAL OCCUPATION work done during most use retired.)	of working	16b. KIND OF BUSINESS/II	NDUSTRY
APLE	Elementary/Secondary (0-12) College (1-4 or 5+) 12th		Cook		Restau:	rant
ō	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (F	First, Middle, Maiden Surname)	
BE C	Silas Raymond Bal				rothy Rut	
9	19a. INFORMANT'S NAME (Type/Print)				Number, City or Town, State, 2	
	Barbara L. Jackson				Laurel, M	
1	1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE cometery, crematory or CI	adhas alasad	1	O-26 Baltimon	ce, Maryland
	21. SIGNATURE OF FUNERAL SERVICE-LICENSHE		Crema		ceity of Ma	aryland, Inc.
-	George E. MacNabb 23. PART I. Enter the diseases, or complications that complete the complete that the complete the complete that the com					o., MD. 21228
	shock, or heart failure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OF	ASTATIC AS A CONSEQUENCE C	Breast	Cano	er	Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING	AS A CONSEQUENCE O				
	PART II. Other significant conditions contributing to de	ath but not moulting	in the underlying	cours alven to Boot	I. 24e. WAS AN AUTOPS	
4: MEDICAL		an out not resoning	in the uncerying	ceuse given in Part	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 A
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			CE OF DEATH (Check or	nly one)	
S	HOSPITAL:	R/Outpatient 3 DOA	OTHER: 4 D Nursing Home	5 🗆 Residence 6 🔽	Other (Specify) LIC	enico
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, 2 Accident Investigation		AE OF 28c. INJU JURY WOR	RY AT 28d	I. DESCRIBE HOW INJURY O	SDICE CCURED
		IJURY — At home, farm, (Specify)	street, factory, office	201,	LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1					
BE	296. SIGNATURE AND TITLE OF CERTIFIER QLE	fard	2/1/	20c. LICENSE NUMBER D 27087	29d. DA	NTE SIGNED (Month, Day, Year) D-24-92
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (
		CL-11- M	anni a TTama	D]	011 T/2]] 011 Da	07004
	Carla S. Alexander, M.D.		aris Hosp	ice-Dulan	ey variey Ro	1Towson 21204



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)	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d	INVIL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
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1 - STATE REGISTRAR	OINIE OI I	CE		ICATE O			MENIAL HY	NO.		
1. DECEDENT'S NAME (First, Middle, L							2. DATE OF DEA	TH		3. TIME OF DEATH
	race Thoma	as					Oct.25	. 190	92	"
4. SOCIAL SECURITY NUMBER 215-10-1427	5. SEX	6. AGE (In yrs. last	birthday) YRS.	MONTHS DAYS	# UNDE	R 24 HRS. MIN.	7. DATE OF BIR' (Month, Day,)	TH bar)	8. Bi	RTHPLACE (State or Foreign unitry)
9a. FACILITY NAME (If not institution, s	live street and number)	91		9b. CITY, TOWN	OR LOCAT	ON OF DE	11/07/	100	Ma COUNTY O	eryland
Summit Nursing RESIDENCE OF DECEDEN- 100. STATE 10b. CO Md An	Home			Catons					altimo	
10a. STATE 10b. CO			10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
	ne Arundel			Pasade	na					LIMITS?
100. STREET AND NUMBER 1724 Grandview 11. MARHTAL STATUS	Road				01. ZIP COO	_		10	g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARM	ED	13. WAS O	CENDENT	OF HISPAN	IIC ORIGIN? (Spec	Ifu Voc or A		ACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 XIO)	If yes, i	pecify Cub S 2 🕅 NO	m, Mexice	n, Puerto Rican, el	c.)	S	pecify:
15. DECEDENT'S	EDUCATION	16e. DECI	EDENT'S	USUAL OCCUPAT	ION		16b. KIND C	F BUSINES	SS/INDUSTR	ite
(Specify only highest of Elementary/Secondary (0-12)	rade completed) College (1-4 or 5 -		kind of a	work done during r se retired.)	ost of worki	ng		4	30,111003111	
12	0		ice	manager			Bank	ina		
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last,						HER'S NA	ME (First, Middle, N		ame)	
Walter (James)	Christie				0	arri	e Peddi	rord		
194. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street	and Number	or Rural F	loute Number, City	or Town, Sta	ste, Zip Code)	
Joan Tucker		59	322	Robinda	le Ro	ad	Catonsv	ille	Ма	21228
20a. METHOD OF DISPOSITION 1 Derivation 2 Commention 3 D I	lemoval from State	20b. PLACEAN	DDATE	OF DISPOSITION (ON - City or	
4 Donetion 5 X Other (Specify)		Loudor	Pa	rk Mang	oleum			Bal	timor	e. MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAME	NO ADDRE	SS OF FAC	Ambros	se Fu	neral	Home
23. PART I. Ever the diseases,	Ambles	. 7		1328	Sulp	hur :	Spring I	Road,	Arbu	tus,Md
disasse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO OUE TO	odvara	ENCE OF	Alz Sion	s de hein	wh.	type !	en Den	enh,	
PART II. Other significant condi	d.	death but not res	ulting i	in the underlying	g cause ç	given in S	PE	S AN AUTO		AL WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. F	LACE OF D	EATH (Chec	ok only one)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 ☐ inpatient 2 ☐	ER/Outpatient 3 []	DOA	OTHER:	ne S 🗆 Re	sidence (Other (Specify			
27. MANNER OF DEATH	28s. DATE OF (Month, De		28h. TIMI INJ	E OF RE. IN	JURY AT	T	284. DESCRIBE H		Y OCCURED	
1 Natural 5 Pending 2 Accident Investigation	10/20/10/10	71500-770	,9974	The second secon	YES 2	NO				
	Dunma, i	F INJURY — At home etc. (Specify)	s, farm, s	treat, factory, offic	ré :		281. LOCATION (S City or Town,	treet and No Stare)	omber or Run	f Route Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	IYSICIAN: To the best of	my knowledge, death	occurre	nd at the time, det	end place,	and due t	to the cause(a) and	d manner a	is stated.	e(a) and manner as stated.
296. SIGNATURE AND TITUE OF CERT		,			1	NSE NUM				
	Mu	phym	!wi		Da	97	69	29d.	OATE SIGNI	26/92
30. NAME AND ADDRESS OF PERSON	D. Albu &		17) (Type,	Filb ~	· 14.	110	z Ri	1	Balo	6
31. DATE-FILED (Month, Day, Year)	Pula Dav	SIGNATURE	R.				0			

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BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	, or removal.
DIMEION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DESCRIPTION After this certificate has been signed by the attending physician and completely fill	be filed within 72 Inc. are geath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Darrell Ν. Willis Oct. 24 1992 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F 231-12-8621 69 .1923 Virginia March 20 Bs. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 937 Armstead Way. Baltimore toa. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 M YES 2 NO FUNERAL 10e. STREET AND NUMBER tor. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Armstead 21205 Way. U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 M Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 10TH Welder Bethlehem Steel notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, Andy Willis Sarah BE Collins 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Laura Willis 937 Armstead Way Balto. Md. 21205 90 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or To DATE must Gardens of Faith Cem. 10/27 Balto. Md . examiner 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICEN Connelly Funeral Home Of Dundalk 7110 Sollers Point Road. 21222 0 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode shock, or heart fellure. List only one years of each line. of dying, such as cardiac or respiratory arrest, Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death be filed within 72 into the prior to burish the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If Item 21 is marked, or filem 23 shows any Injury, or other traumatic event, the disease or condition_ resulting in death) COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 5 Hasidence 6 Other (Specify) 4 🗌 Num 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED t Netural 5 Pending Investiga М 1 YES 2 NO 2 Accident 26a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

DEATH (ITEM 27) (Type, Prije)
601 LOCS RUS

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2 MEDICAL EXAMINER: On the

29b. SIGNATURE AND TITLE OF SAMIFIE

DCT 26

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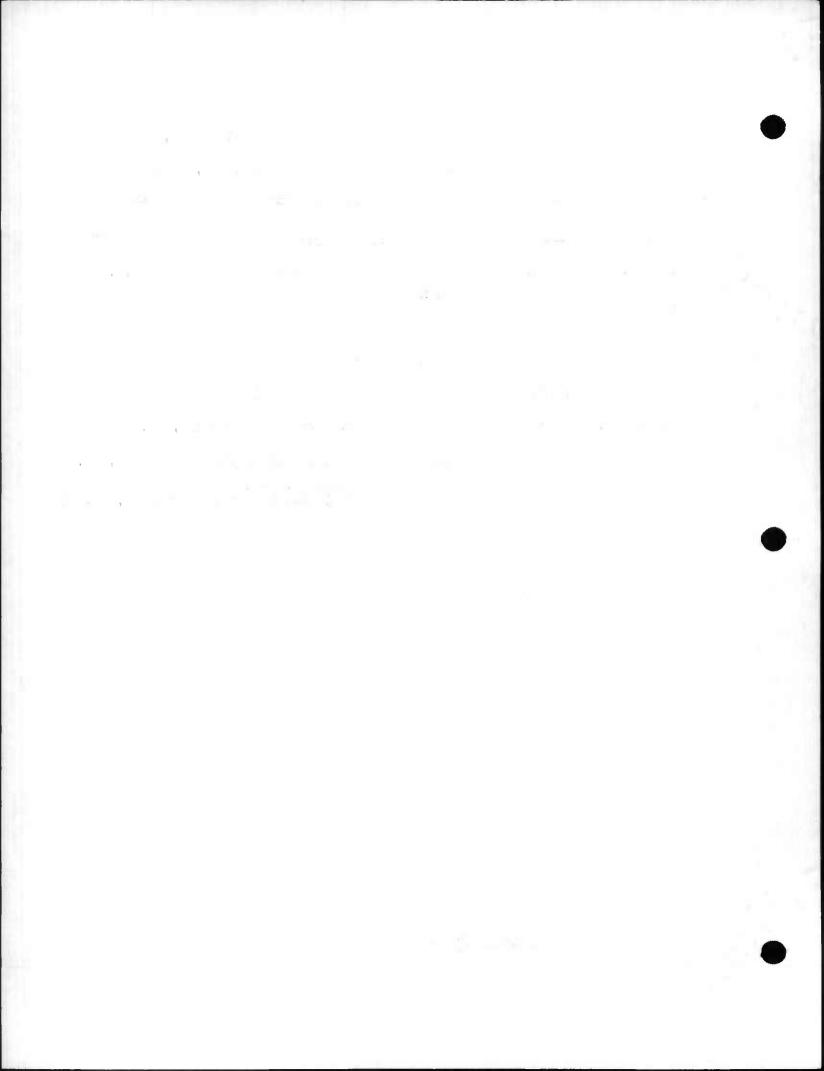
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26,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Institute The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. It certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the state Dept. of Heath and Mental Hygine prior to burial, cremation, or removal.	מוסקורם היישור וויישור וויישור או החוומת שו סווכתי
THE HONOR THE NOTICE THE TAW requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial. Performer 72 hours after earth with the State Degr. or Health and Mental Hygiene prior to burial, cremation, or removal.	the state of the s

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	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / CE		MENT OF H		MENTAL	HYGIEN REG. NO.	E		
13	1. DECEDENT'S NAME (First, Middle, Last)			ALL OF	DEATH	2. DATE O	F DEATH			TIME OF DEATH
	Ida Mary	Welborn				Octo	ber 1	**	92	м
	4. SOCIAL SECURITY NUMBER 5. S			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O			BIRTHPLA	CE (State or Foreign
		M 2 ★ F 81	YRS.	HITHS DAYS	HOURS MIN.		20, 1	911	Mary	land
-	9a. FACILITY NAME (If not institution, give street as	nd number)	98	. CITY, TOWN O	R LOCATION OF DE				TY OF DEATH	
5	The Greenery Nursin	ng Home	I	Baltimo	re City			=	==	
DIRECTOR	10a, STATE 10b, COUNTY		10c, CITY, T	OWN OR LOCAT	ION				104	I, INSIDE CITY
PHO	Md. ===		Ralt4	more C	1 tar				7-4-1	LIMITS?
	10s, STREET AND NUMBER		201.01		ZIP CODE			10g. CITIZ	EN OF WHAT	
FUNERAL	1300 S. Ellwood St.				21224				U.S.	
5		WAS DECEDENT EVER IN U.S. ARI	MED		ENDENT OF HISPAN					American Indian,
BY		F YES, GIVE WAR OR DATES	0		2 NO Specify		can, etc.)		Connibu	White
	15. DECEDENT'S EDUCATION	N	NO. C. L. L. L. L. L. L. L. L. L. L. L. L. L.							MUTCE
	(Specify only highest grade comple	(Gr	ve kind of work Do NOT use re	UAL OCCUPATION Of done during mon	n st of working	166. (UND OF BUS	BINESS/INDU	STRY	
7	Elementary/Secondary (0-12) Coli	lege (1-4 or 5 +)	omemak	,						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mi	ddle. Meiden	Sumame)		
BE C	George Schofie	eld			Ann			Dress	el	
TO B	19a. INFORMANT'S NAME (Type/Print)	196	MAILING AD	DRESS (Street a	nd Number or Rural i	Route Numbe	r, City or Town	n, State, Zip (Code)	
۴	Raymond G. Welborn		202	Fifth .	Avenue	Lans	downe	, Md.	2122	7
	20e METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal for	20b, PLACE A	ND DATEOF D	DISPOSITION (Na	me of	OATE	20c. LO	CATION — C	lty or Town,	State
	4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSE	Glen	Haven	Memori	al Park	10/2	3 Gle	n Bur	nie,	Md.
	21, SIGNATURE OF FUNERAL SERVICE LICENSEI	«	14		ge J. Go		unera	1 Hom	e	
	Jerome fr	omious.	hi	4001	Ritchie	Hgwy	. Ba	ltimo	re. M	d. 21225
	23. PART 4. Enter the diseases, or compleshock, or heart failure. List of	lications that caused the dep only one cause on each line.	eth. Do not	enter the mo	de of dying, suc	h aa cardi	c or reapi	ratory arre	st,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Sincis							ļ	Onset and Death
	resulting in death)	sep)()								
_	_	BUENO (OR AS A CONSECU	UENCE OF):	NICE	21				1	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC								
SAT	cause. Enter UNDERLYING	10 TO							ĺ	
Ĕ	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONSEC	UENCE OF):							
E	resulting in death) LAST									
0	PART II. Other significant conditions con	ntributing to deeth but not n	esulting in t	he underlying	Cause given in	Part I	4a. WAS AN	ALTTOREY	245 WE	RE AUTOPSY FINDINGS
8	Breast Co	ancel		andonymig	occoo given in		PERFOR	MED?	AMA	ILABLE PRIOR TO WPLETION OF CAUSE
E C						-	1 YES 2	□ NO	OF	DEATH?
2			 -			- 1			1 1] YES 2 [] NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			36_PL	ACE OF OEATH (Ch	eck only one)				
Sic		SPITAL: Inpatient 2 - ER/Outpatient 3		THER: Nursing Home	5 - Residence	6 Other	Specify)			
ž		26e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c, INJU	JRY AT		_	NJURY OCCU	JRED	
34	1 Natural 5 Pending 2 Accident Investigation	(monal, say, loar)	iii oni		ES 2 NO					
		28e. PLACE OF INJURY — At hor building, etc. (Specify)	ne, farm, stree	et, tectory, office		20t, LOCAT	ION (Street e Town, State)	and Number o	r Rural Route	Number,
=	4 Homicide determined					0.17 0.				
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the best of my knowledge, dea	ith occurred a	t the time, date	end place, and due	to the cause	e(e) end man	ner as state	d.	
0	one) 2 MEDICAL EXAMINER: On	the basic of examination end/or is	nvestigation, le	n my opinion, de	eath occured at the	time, date a	nd place, an	d due to the	cause(e) and	f manner ee stated,
	296. SIGNATURE AND TITLE OF CERTIFIER	11 . 5	_		29c. LICENSE NUM	WBER		29d, DATE	SIGNED (Moi	nth, Day, Year)
O BE	7	M			D34	14	5	D /C	120/	192
2	30. NAME AND ADDRESS OF PERSON WHO COM		The same of	9		OE	7/	11	/	
	SCIOTI NITKIN MIN	21 CROSSROA	1 20	Davie	Odula	19 14	116	MD	011/1	7
	NA DATE EN EN MALON DE MA	0.10337007	1170	KING	COTICE	9	Cod	1 6	04111	
	31. DATE FILEO (Morith, Day, Year) OCT 2 6 1992 July	32 DEGISTRAR'S SIGNATURE	,	KILO	Conoc	9 11	Coo		o∠!!!	/



FOR STATE REGISTRAR

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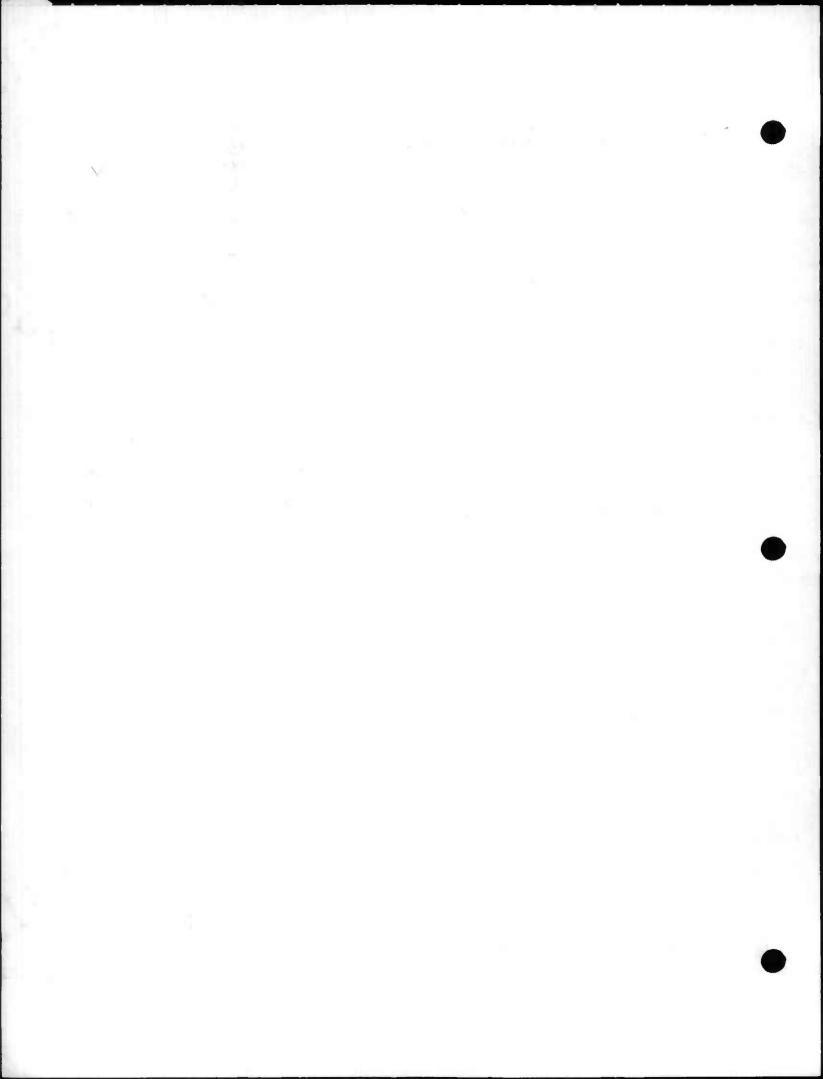
REG. NO. I. DECEDENT'S NAME (First, Middle Last) 3. TIME OF DEATH anns 3130a 1 10 6. AGE (In vrs. last hirthday 7. DATE OF BIRTH (MOTH) 11/12 IF UNDER 1 YEAR IF UNDER 24 HRS 80 DAYS HOURS 1/2 M 2 | F use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTO. CO. 1 YES 2 X NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7201 Rolling Rd. 21207 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Specify: Black 1 Never Married 2 Married If yes, specify Cuban, Mexican, P.

1 YES 2 X NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY ò Elementary/Secondary (0-12) Truck driver College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN 2 Ħ UNKNOWN BE notified director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Letha M. Williams 1804 W. Mosher St. Balto., Md. 21217 pe 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 4 Donation 6 Other (Specify) Arbutus Mem. Pk. 10/26 Balto., Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 2 NAME AND ADDRESS OF FACILITY funeral (William C. Brown Community 1206 W. North Ave. After this certificate has been signed by the attending physician and completely filled in by the death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. event, the medical 23. PART I. Enter the diseases, complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) within executed 10 other traumatic CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING 2 law requires that the death certificate CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b, WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO Item 23 shows any Diseuse COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? ailure 1 YES 2 NO Inumite PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL He 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO OR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpatient 3 DOA nce 8 Other (Specify) -27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF 20c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO Is marked, 1 Natural 5 Pending 1 YES 2 NO BY THE FUNERAL OR ATTENDING THE FUNERAL DIRECTOR: After filed within 72 hours after death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 📋 Homicide 28 Hem 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL OF THE FUNERAL OF THE WITHIN 72 IN IMPORTANT: If It 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. BE 29d. DATE SIGNED (Month, Day, 3856 122194 10 rue 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) KHALI Baltimo (aunty 32. REDISTRAT'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH





BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Elizabeth T. Wilfer-Robey

S, P.O. BOX 68/60	RECORDS, P.O. BOX 68	SINISION OF WITHE RECORDS, F.O. BOX OF	4
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	RECORD	OF VITAL RECORD	The second contract of the second contract of

4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 XF HOURS 219-30-6646 YRS. 6-10-1933 Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Francis Scott Key Medical Center DIRECTOR Baltimore City 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION Baltimore Maryland Dundalk permit. FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE for use as the burial-transit 824 Leswood Court 21222 after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S., ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married If yes, specify Cuben, Mexican, Puerto Rici 1 ☐ YES 2 ☑ NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade comple (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade be detached Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE (Frank Joseph Taylor Rose Nebauer page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 824 Leswood Court Dundalk, Maryland 21222 John M. Wilher ě 20a. METHOD OF DISPOSITION
1 ☑ Buriel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must funeral director, Sacred Heart of Jesus 4 Donation 5 Other (Specify) 10-23-92 21. SIGNATURE GENERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Hame of Dundalk, Inc. filled in by the fution, or removal. 7922 Wise Ave. Dundalk, Maryland medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. cremation, or IMMEDIATE CAUSE (Final the disease or condition Inferior myocardiel Infarction
DUE TO (OR AS A CONSEDUENCE OF): completely resulting in death) traumatic event, burial, CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury attending physician other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 signed by the atter Health and Mental PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL shows any Prevmococcal prevmonia peen PHYSICIAN: Dept 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) llem State EXAMINER? certificate HOSPITAL:
1 Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 4 Nursing Home 5 Residence & Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF marked, DIRECTOR: After this hours after death with 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide -00 8 6 Could not be 4 Homicide 28 COMPLET Hem 29a. CERTIFIER

(Charle and)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL WITH 72 I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Van D43732 the mit 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Michael Harper, mi 4940 Eastern Ave Balt MD 21224 FSKMC 32 BEGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

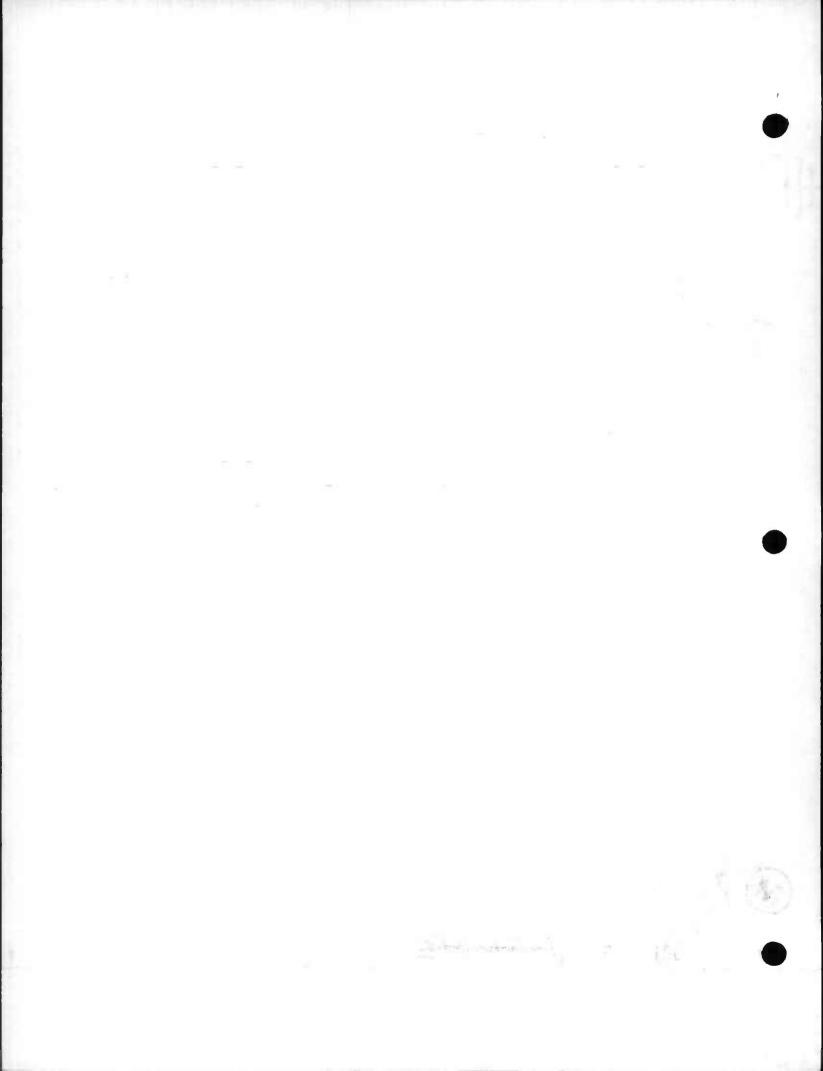
CERTIFICATE OF DEATH

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92 29579 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3. TIME OF DEATH 1:55 A M 8. BIRTHPLACE (State or Foreign Maryland 9c. COUNTY OF DEATH 10d, INSIDE CITY 1 TES 2 1 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY Own Home DATE 20c. LOCATION — City or Town, State Baltimore. Maryland 21222 Approximata Interval Betw Onset and Death 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 14-NO 1 YES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year)

10/20/52



DHMH-18 Rev 1/89

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d by the hospital or attending physician.	d be detached for use as the burial-transit permit. Pages 1, 2, 3 sho	d at once.
NG PHYSICIAN: The law requires that the death certificate be executed within 24 from that four the four the retained by the hospital or attending physician.	fler this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be settled for use as the burial-transit permit. Pages 1, 2, 3 should be settled from the settled for use as the burial-transit permit.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical assaminar must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been significate within 72 hours after death with the State Dent. of Heal	IMPORTANT: If item 28 is marked, or item 23 shows

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1992 CECIL E. WADE October 21, 8:55 PM 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 1 X M 2 | F YRS. 462-34-0394 67 Jan. 22, 1925 Texas Se. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2900 Shipmaster Way Annapolis Anne Arundel 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Anne Arundel Annapolis 1 X YES 2 | NO FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 2900 Shipmaster Way 21401 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify Korea & WWII White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12 Supervisor 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surname) Charles E. Wade Betty Elizabeth Chester BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles E. Wade 52 Clark St. Apt. 8J, Brooklyn Hghts., NY 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Burlet 2 Cremation 3 C Removal from State Parkwood Cemetery 4 Donation 5 C Other (Specify) 10/26 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY ROBERT C. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Baltimore, 21214 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximats interval Between IMMEDIATE CAUSE (Final Onset and Daeth disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Superior Vena Cavas mas CERTIFICATION Sequentially list conditions, if sny, leading to immediats cause. Enter UNDERLYING DUE TO TOR AS A CONSEQUENCE OF): CAUSE (Disesse or injury that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation м 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER
(Check only one)

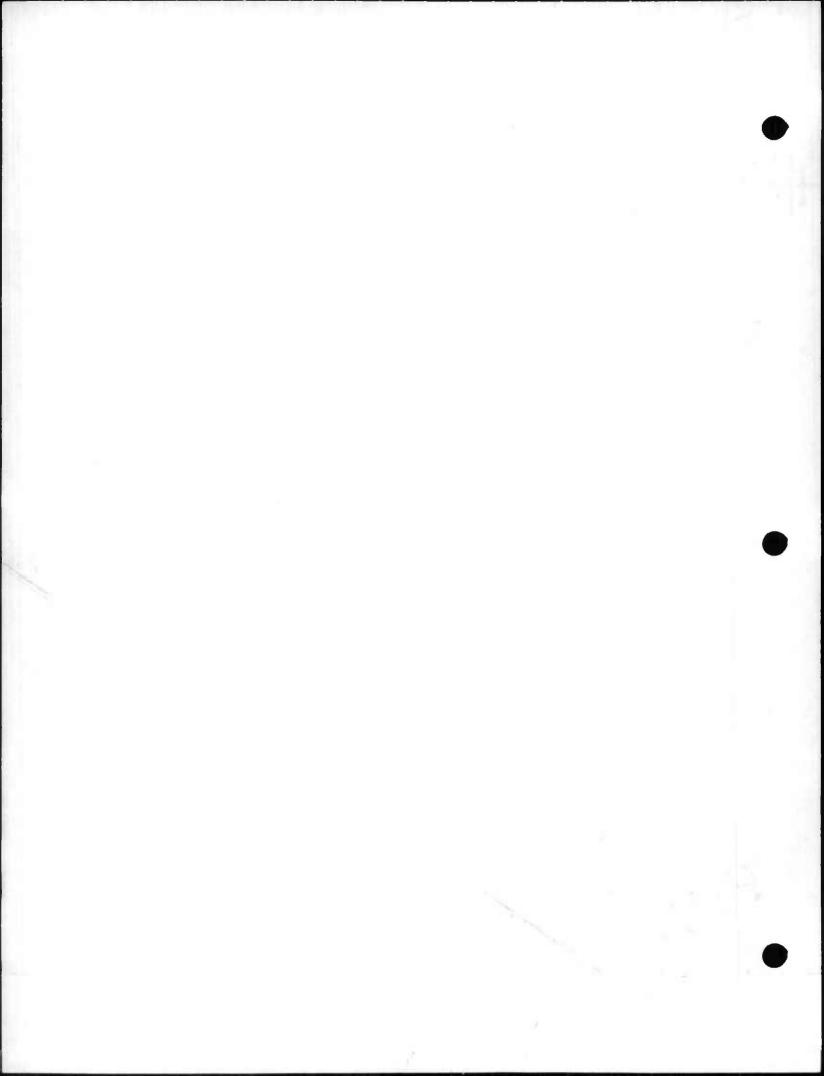
2 | MEDICAL EXAMINED: On the best of my knowledge, death occurred at the lime, date end place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 219 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RICHARBERNSTEIN 600 R1068

32. REGISTRAR'S SIGNATURE

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		1. DECEDENT'S NAME (FIRST, I	JE	AN L	-	HIM				MON	0 2	3 9	EAR 3.	TIME OF DEATH
8		4. SOCIAL SECURITY NUMBE 577-50-9015	A	5. SEX	6. AGE	(in yrs. last bir		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	107	E OF BIRTH	8.	BIRTHPLA Country D	C (State or Foreign
2, 3 should	стоя	9a. FACILITY NAME (If not inst HOLY CROS	S HO				9		OR LOCATION OF E			9c. COUNTY MONT		
Pages 1.	DIREC	104. STATE MARYLAND	10b. COUNT	r TGOMERY		10		KENBR	TION OOK DRIV	E/SI	LVER S	PRING		d. INSIDE CITY
sit permit, Pages	AL	10% STREET AND NUMBER 620 KENBROOM							H. ZIP CODE 20902	2,01			OF WHA	YES 2 NO
ing physician. the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 N 3 Widowed 4 Divorce	larried	12. WAS DECEOENT FORCES? 1 IF YES, GIVE W	YES	2 XNO	0	If yes, ap	CENDENT OF HISPM pecify Cuban, Mexic 3 2 NO Speci	an, Puerh			. RACE — Black, W Specify:	American Indian, hite, etc.
or attend	ETED.	15. DECE (Specify only Elementary/Secondary (0-1		ICATION completed) College (1-4 or 5+)	(Give A	DENT'S US	WAL OCCUPATE k done during me etired.)	ON ost of working	10	Sb. KINO OF BU	SINESS/INDUS	_	Lack
retained by the hospital of 5 should be detached for notified at once.	COMPL	12 Yrs 17. FATHER'S NAME (First, Mid	die, Leet)	2 Yrs		Admin	istr	ator 0	fficer 18. MOTHER'S N.	AME (First	(VA Ho)	
5 should be	O BE	Edward Le				19b. M	AILING AC	DORESS (Street	Minn and Number or Rural		avis	n, Stata, Zip Co	ide)	
or, page 5 series	ř	James N Was 20a. METHOD OF DISPOSITIO 1 X Burlal 2 Cremation	N		206	. PLACE ANO	OATEOF	DISPOSITION (N	b,c,d,e,	D/		CATION — City	or Town,	State
ca nous are bean, raye o may be filled in by the funeral director, page on, or removal.		4 Donation 5 Other (S	Specify)		Hã	armony	Mei	orial		.0 / 27 •aiuπχ		andove		
d in by the fune or removal, medical exam		23. PART I. Enter the dis	uf	Mr.	_	d the death	D	R	NO ADDRESS OF F	100	,30 12t	14		
Anding physician and completely Hygiene prior to burial, cremation of other traumatic event, the	CERTIFICATION	snock, or her IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list conditio if any, leading to immedi cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ns, ate	a. DUE TO OUE TO OUE TO O	OR AS A	ach line.	NCE OF):	fusi	on.	1			,	Approximata interval Between Onset and Death
After this certificate has been signed by the atta death with the State Dept. or Heath and Mernal s marked, or Item 23 shows any Injury,	MEDICAL	PART ii. Other significan	condition	na contributing to	death b	out not resu	ilting in t	the underlyin	g cause given in	Part i.	24a. WAS AN PERFOR 1 TYES 2	MED?	CO	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ficate has State De	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	ER/Outp	ontlent 3 🗆 I		THER:	LACE OF DEATH (Co					
with t	ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pr 2 Accident In	ending restigation	28e. OATE OF (Month, Da	NJURY		Bb. TIME O	Y 28c, IN.	JURY AT DRK? YES 2 NO	1	ESCRIBE HOW I	NJURY OCCUR	EO	
after 28	ETED 8	3 Suicide 8 C	ould not be termined	28e. PLACE OF building, o	INJURY Hc. (Spec	— At home,	ferm, stre	et, factory, offic		28f. L.O C/I	CATION (Street of your Town, State)	and Number or	Rural Route	Number,
4 R =	COMPL			ICIAN: To the best of exER: On the basis of ex									auso(s) and	d menner as stated.
TO THE FUNER be filed within	TO BE C	296. SIGNATURE AND TITLE O		214/1 144	sici				29c. LICENSE NU	The state of			13/9	nth, Day, Year)
	-	10313 Cen	ign			ATH (ITEM 27		ver Sp	ing n	10-	2090		/- <u>:</u>	
		31. DATE FILED (Month, Day 1	32	32. REGISTRAI	ra sign	ATUREAR								



TO SETTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

IN THE TALL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be more after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

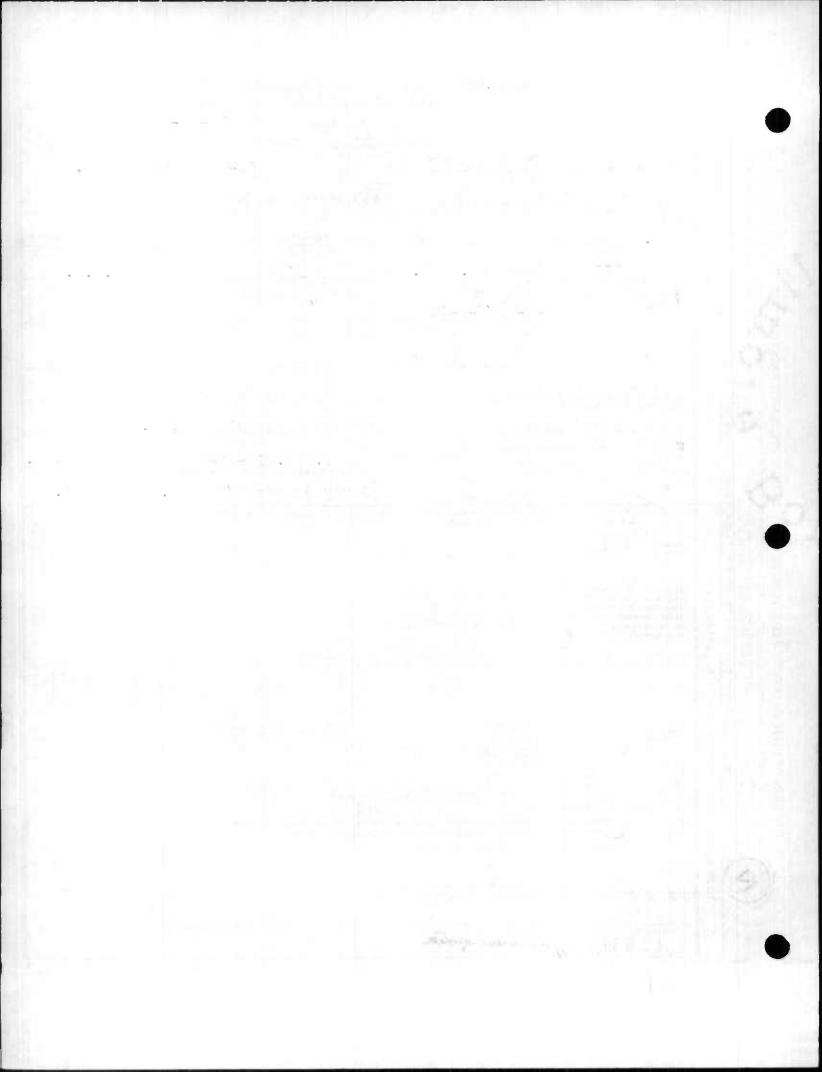
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9	218460037	5. SEX 1. D. M 2 □ F	6. AGE (In yrs. last	t birthday) IF UI YRS. MONT		UNDER 24 HRS.	7. DATE OF	0- 91/2	8. BIRTHPLA Country)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give atre	XX3	44		CITY, TOWN OR L	20171011 02 0		32-412		Md.
				- T-	30.11		4.1	9c. COU	INTY OF DEATI	•
	Liberty Medica	L		Box	evemor	more	-> MIC			
I	10a. STATE 10b. COUNTY			10c. CITY, TOY	VN OR LOCATION	I.			100	I. INSIDE CITY
	Md.				Balti				M	YYES 2 NO
	10e. STREET AND NUMBER				10f, ZIF	CODE		10g. CIT	IZEN OF WHAT	COUNTRY?
	= 2111 Garr					2121			U ,	S.A.
	Never Married 2 Merried	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N	MED IO	If yes, specify	Cuban, Mexic NO Spec	can, Puerto Rica	Specify Yes or No-	Black, Wi Specify:	American Indian, hite, etc.
1	15. DECEDENT'S EDUCA	ATION	16a, DE	CEDENT'S USUA	L OCCUPATION		16b. KI	ND OF BUSINESS/IN	Black DUSTRY	
	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gh	ve kind of work di Do NOT use retin	one during most of ed.)	working				
ı	12		Sa	alesma	n					
	17. FATHER'S NAME (First, Middle, Last)				18	MOTHER'S N	IAME (First, Midd	de, Meiden Sumame)		
	Melvin Washina	ton				Leona	Wool x	ford	Wahin	gton
ı	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING ADDR	RESS (Street and A	Number or Rura	l Route Number,	City or Town, State, Zi	p Code)	
ŀ	Gerard Washingt	on	94	134 Ma	comber	Lane	Colu	mbia, Md	. 210	45
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	20 METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remov	ral from State	comptoni con	matan, as other al-	POSITION (Name of		1	20c. LOCATION -		
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	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	My	cemetery, crer	son F	orest. 22. NAME AND A Leroy	Vet. DORESS OF F	10-27 ACILITY 2	-92 Owi 1217 638N.	ngs M Gilmo	ills,M
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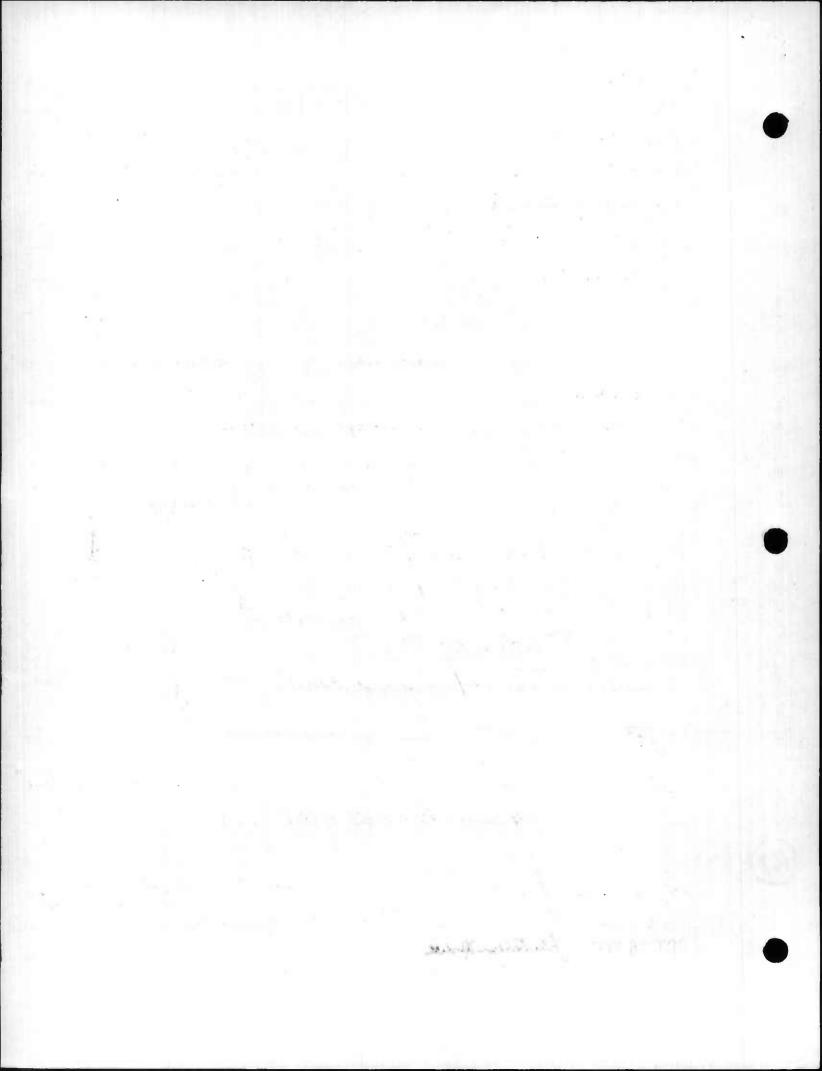
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UCT 2 6 1992

32. REGISTRAR'S SIGNATURE

Balhmore, Md



	1 - STATE REGISTRAR	STATE OF M	IARYLAND / D		RTMENT					YGIENE IEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				10,411	- 0.	DEA		2. DATE OF	DEATH		3. TIME OF DEATH
	WILLIAM W. WAREAM							22 -	10	21	92	7:15 PM M
		SEX	6. AGE (In yrs. last b		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, Da		8. BIRTI	NPLACE (State or Foreign try)
	215-09-5121 1:	M 2 F	82	YRS.				ON OF DE		3-1909	COUNTY OF I	aryland
Œ					90. CITY			ON OF DE	AIN	90.	Baltin	
CTO	St. Joseph Hospita	3.7				Tows	ion				pairi	nore
IRE	10a. STATE 10b. COUNTY			10c. CIT	ry, town o							10d. INSIDE CITY LIMITS?
0 7	Maryland Balt:	imore					ZIP COD			1 10-	CITIZEN OF	1 YES 2 NO
RA	40 32 E. Joppa Rd.					101.	212			105	USA	WHA! COUNTRY?
FUNERAL DIRECTOR	11. MARITAL STATUS 12	. WAS DECEDENT	EVER IN U.S. ARMI	ED			ENDENT (F NISPAN		pecify Yes or N	0- 14. RAC	E — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	X YES 2 NO AR OR DATES					n, Maxicai Specify	n, Puerto Rice: :	n, etc.)	Spec	
0 8	15. DECEDENT'S EDUCATI	ON	WW 1	1	USUAL O	OCUPATIO						White
COMPLETED	(Specify only highest grade con	ollege (1-4 or 5+	(Give	kind of	work done	during mo	st of worki	ng	100. KIN	ID OF BUSINES	SAINDUSTRY	
PL	Lieumentary (0-12)	onege (I-4 of 5 +		eri	ntend	dant			E	xxon C	orpora	tion
SON	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	NER'S NAI		ie, Malden Surns		
BE (Walter W. Waream								E. H			
2	19a. INFORMANT'S NAME (Type/Print) Lillian E. Crandal	1								City or Town, Ste		01070
	20a. METHOD OF DISPOSITION	1	20b. PLACE OF						vre de	Grace	, MO.	
	1 Gurial 2 Cremation 3 Removal	from State	other place	9)							nore. J	
-3	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	Metro								mire,	301
									al Homo	_	41 076	200
	23. PART I. Enter the diseases, or com	plicationa that	caused the deat	th. Do	not antar	the mo	de of dy	ing, suci	h as cardiac	or reapirato	1d 212 ry arreat,	Approximata
	ahock, or heart failure. Lie IMMEDIATE CAUSE (Final	Only one cau	se on each lina.	_	70			_				Onset and Death
	disease or condition resulting in death)	lest	erelos	46	11	re	1					
	-/	1	OR AS A CONSEQU	0	,							
NO.	Sequentially list conditions, if any, leading to immediate		OR AS A CONSEQU									
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	rial	earl 1	7	-	les	ed	He	fa-			
F	that initiated eventa	1 DUE TO	OR AS A CONSEQU	ENCE C	F):			/				
CERTIFICATION	Todating in duality Exist	TOUL	D		>							
CAL	PART II. Other algalificant contillions of	ontributing to		11	in the ur	ndarlying	cause	given in	Part I. 24	. WAS AN AUTO		b. WERE AUTOPSY FINDINGS MARABLE PRIOR TO
	Sell-L	der	of X	10	164	la	ast a	_	_ 11	YES 2	-	COMPLETION OF CAUSE OF DEATN?
MED												1 _ YES 2 _ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					1911						
SICI	EXAMINER? H	OSPITAL:	ER/Outpatient 3	7.004	OTHE	R:			eck only one)			
HYS	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TH	AE OF	28c, INJ	URY AT	eldence	8 Other (Sp 28d, DESCRI	BE HOW INJUR	Y OCCURED	
ву Р	1 Netural 5 Pending 2 Accident Investigation	(Month, De	3-92	IN	PZ M	1 🔲 1	RK? YES 2 [NO	5	1/10	Floor	in aux deno
	3 Suicide 8 Could not be	28e. PLACE OF building.	F INJURY — At home	e, farm,	street, fac	tory, office		,		ON (Street and Nown, State)	lumber or Rural	Route Number,
E	4 Nomicide determined	413	2-6 /0/	139	2/-5	err	4/1/2					
COMPLETED	29a. CERTIFIER (Check only one)											
SO	2 Medical Examiner: (on the beals of ax	amination and/or im	reatigati	on, in my o	opinion, d	eath occu	red at the	time, data and	I place, and du	a to the cause	s) and menner as stated.
BE (29b. SIGNATURE AND TITLE OF SENTENIA	7	_		1		29c. LIC	ENSE NUM	MBER	290	d. DATE SIGNE	D (Month, Day, Year)
10	UNRILLES I C	20	nu	a	W		0	132	13		10-	43-92
	30. NAME AND AODRESS OF PERSON WHO C	UMPLETED CAUS	OF DEATH (ITEM	27) (Typ	, Print)	1	1.5	11.	1	11E	30/to	7 21210
	31. DATE FILED (Month, Day, Year)	28. REGISTRA	R'S SIGNATURE	11/1		- 4	400	1401	pay	Hel	54-1	1 Hopen Kelly
	DCT 26 1992 July	Davidson	- Andre						/			



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. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Pa	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH Jess oseph 10 6. AGE (In yrs, lest birthday) 5. SEX 4. BOCIAL SECURIT Y NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Fr DAYS HOURE 1 DA 2 F 214-14-702 YRS. 9e. FACILITY NAME (If not institution, give street 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Carrol New DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Sykesville WD arrol 1 TES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 6422 Bonnie Brae Rd. 21784 ISA 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexicen, Puerto Ricen, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 1 Never Married specify: 12 his te BY 3 Widowed 4 Divorced Nauu ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sp Elementary/Secondery (0-12) College (1-4 or 5+) Salesman Grocery Product Rep. COMPL 17. FATHER'S NAME (First, Middle, Last. 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Silliam BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Stree 2 Margaret METHOD OF DISPOSITION
Burlel 2 Cremetion 3 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or - City or Town, State Crestlawn Marriottsville, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
HARRY H. WITZKE FUNERAL HOME Harre 4112 Old Columbia Pk.Ellicott City,Md.21043 23. PART I. Enter the diseases, or complications that chused the deeth. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in deeth) projun 6 worths Cancer two DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL 24a, WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpetiant 2 | ER/Outpetient 3 | DOA 4. Hursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY Material 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, COMPLETED 6 Could not be 4 Homicide 29e, CERTIFIER PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.

isle of examination and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated.

29c. LICENSE NUMBER

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296. SIGNATURE AND TITLE OF CERTIF

one sur DI 21114 32. REGISTRAR'S SIGNATURE

no

LETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

92

(Month, Day, Year)

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29d. DATE SIGNED

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31. DATE FILED (Month, Day, Year)

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IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	be gled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	WPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL OF	FUNERAL DI	within 72 hou	STANT: If He
E D	TO THE FUI	be ge	EPS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 29585 FOR 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) YEAR Dorothy Yelton Ann 10 1992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign 51 1 M 2 K F 218-64-6729 9 - 2 -Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll County General Westminister Carroll 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carrol1 1 W YES 2 1 NO Westminster FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 345 East Main Street 21157 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuber, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 M Married 1 YES 2 NO Specify: BY White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) 10 th Disabled Nurses Aide 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Wagner BE Pauline 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Marvin Yelton 345 E. Main Street Westminster, MD 20a. METHOD OF DISPOSITION
1 Durial 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Lake View Mem. Park 10/27 Sykesville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Loring Byers Funeral Directors, Inc. 6 8728 Liberty Road Randallstown, MD 21133 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) PERRORATION OF LEFT SUBCLAVIAN UESSELS COMPLICATING DUE TO (OR AS A CONSEQUENCE OF): OF PERMANENT PALEHAKER b. THENTON OF PER PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury · Hyperrassus condiovascular Disease DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? ROMPL PAILURS CHRONL 1 AVES 2 | NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 VES 2 NO 1√ Inpetient 2 □ ER/Outpetient 3 □ DOA me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28d. DESCRIBE HOW, INJURY OCCURED 28c. INJURY AT WORK? 5 Pending Investigation 1 Netural
2 Accident performing of Alord Vessers 10-25-97 UNKNOWN M 1 YES 2XX NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 200 MEMORIAL AVE. ETED. 6 Could not be 4 Homicide HOSPITAL 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPLE 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 290/SIGNATURE AND TITLE OF CERTIFIER

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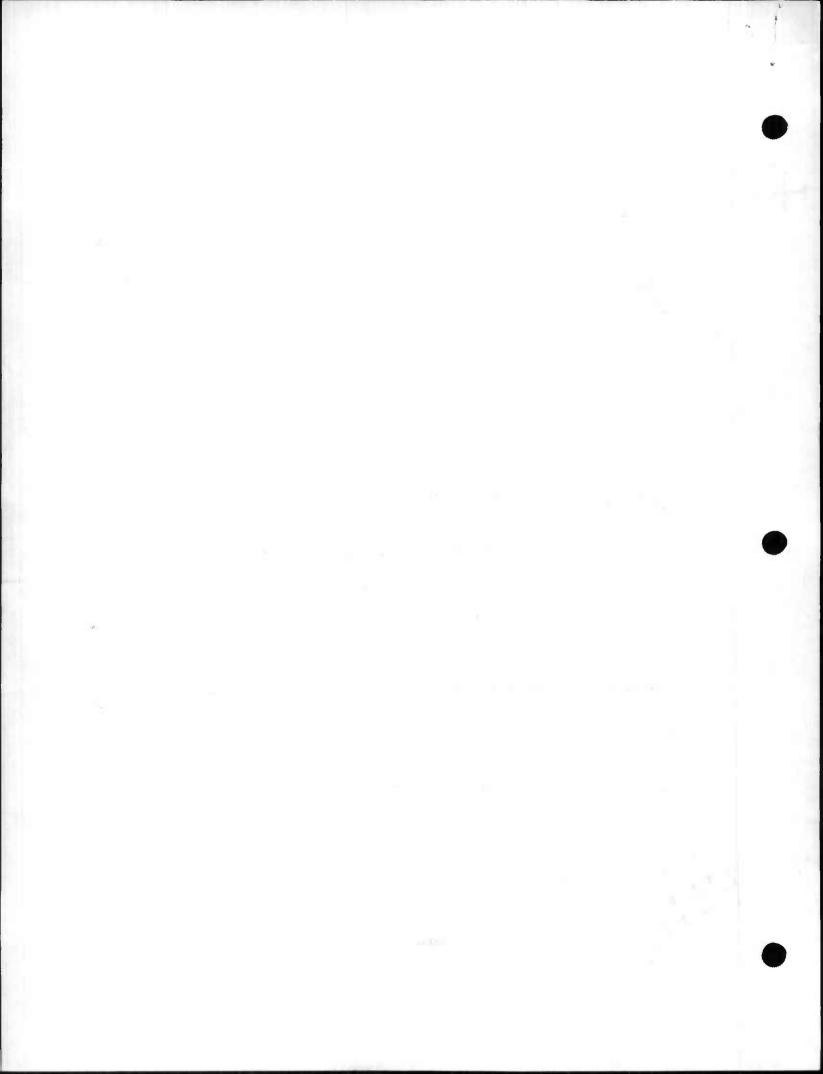
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

O.C.M.E.

111 Penn Street, Baltimore, Maryland

21201

10/25/1992



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the second control of the second control of
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1 1	1. DECEDENT'S NAME (First, Middle Last)	20 0 - 00				2. DATE OF DEATH	Ay -	3. TIME OF DEATH
100		omas Zeller				10-21		10:45 A
V	4. SOCIAL SECURITY NUMBER 215 ≈ 22 ≈ 3075	1 № M 2 🗆 F 66	YRS.	F UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9 - 27 - 19	26	BIRTHPLACE (State or Foreign Country) Maryland
TOR	9a. FACILITY NAME (If not institution, give) Francis Scott RESIDENCE OF DECEDENT	stroot and number) : Key Medical (or Location of De Utimore (9c. COUNTY	OF DEATH
DIRECTOR	10e. STATE Maryland 10b. COUNT	* Baltimore	10c. CITY,	TOWN OR LOCA		dalk		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1904 Frames Ro	ad		10	i. ZIP CODE	1222	10g. CITIZE	U.S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 1 yes IF YES, GIVE WAR OR DAT NAU Y WW	2 NO	If yes, sp	CENDENT OF HISPAN sectify Cuben, Mexicas 3 211/NO Specify		or No.— 14	RACE - American Indian, Black, White, etc. Specify: White
TED	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)	16a. DECEDENT'S US	rk done during me	ON ost of working	166. KIND OF BU	SINESS/INDUS	THY
COMPLET	12th Grade	College (1-4 or 5 +)* <	Watel	h engin	0.0 h.	Baltimo	ro. Gas	& Electric
NO CO	17. FATHER'S NAME (First, Middle, Last)		WOOL	e Cargrent		ME (First, Middle, Maiden		2 2000000
BE	Robert T. Zel	ler				ice McAdam		
임	Doris L. 70ll	2.5				bute Number, City or Tow dalk, Mary		21222
	20a. METHOD OF DISPOSITION 1 Burial 2 ACremation 3 Ren	20b. P	PLACE AND DATE OF	DISPOSITION (N	ame of	DATE 20c. LO		
	4 Donation 5 Ther (Specify)	H.	ery cremetory or other				Towson	, Maryland
	21. SIGNATURE OF FINERAL SERVICE U	E/21		7922	Wise Au	neral Home 2 Dundal	k. Mar	ndalk, Inc. yland 21222
	IMMEDIATE CAUSE (Final	a. End Star DUE TO (OR AS A C	CONSEQUENCE OF:	c dis		as cardiac or resp	ratory arres	t, Approximata interval Betwee Onset and De
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C		tis				
77 I		no contribution to death but				Boot I Tour woods	AUTOPSY	24b. WERE AUTOPSY FINDIN
MEDICAL	PART II. Other significent condition Acute renal fa			the underlyin	g cause given in	PERFOR		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL		HOSPITAL:	nonia	26. P	LACE OF DEATH (Che	PERFOR		OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	Ilure, Pneun	nonia	26. P		PERFOR	Жио	COMPLETION OF CAUSE OF DEATH? 1 UPS 2 NO
TED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Superform 2 = ER/Outpet	nonia John 3 Doa 4 John Time INJUF At home, farm, str	26. P) OTHER: Nursing Hon OF 28c. IN, W M 1	LACE OF DEATH (Che ne 5 Residence JURY AT 7HK? YES 2 NO	PERFOR	NJURY OCCUP	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 More than 1 Dept. 28a. DATE OF INJURY (Morith, Day, Year) 28a. PLACE OF INJURY -	elent 3 DOA 2 29b. TIME INJUR At home, farm, str	26. POTHER: \[Nursing Honor May Not Ma	LACE OF DEATH (Che 5 Residence JURY AT JRK? YES 2 NO	ck only one) B Other (Specify) 28d. DESCRIBE HOW is City or Town, State)	NJURY OCCUP	COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO NED Flural Route Number,

31. DATE FILED (Morith, Day, Year)
OCT 26 1992

32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR					MENT	AL HYGIEN REG. NO.	E	92	29587	
	1. DECEDENT'S NAME (First, Middle, Leet)		Zimi	nor,	man	n			2. DATE OF DEATH MONTH PAY PAR YEAR 3. TIME OF DEATH 10 30					
	4. SOCIAL SECURITY NUMBER 170-34-3856	5. SEX	()		IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		7. DATE OF BIRTH (Month, Day, War) Jan. 27, 1		1943	Country)	LACE (State or Foreign SYLVANIA		
OR	9a. FACILITY NAME (If not institution, give atreet and number) 103 DAUNTLY STREET				96. CITY, TOWN OR LOCATION OF DEATH UPPER MARLBORO						9c. COUNTY OF DEATH PRINCE GEORGE'S			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARY LAND PRINC	E GEORGE	10		C CITY, TOWN OR LOCATION					Lines			IOd. INSIDE CITY	
FUNERAL (104. STREET AND NUMBER 103 DAUNTLY STREE		5	Tur 1	101. ZIP CODE 20772					10g. CITIZEN OF WHAT C			AT COUNTRY?	
B≺	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	T EVER IN U.S. A YES 2	S. ARMED 13. WAS DECENDENT OF HISPANI If yes, specify Cuben, Mexican				an, Puerto	NIC ORIGIN? (Specify Yea or No- 14. In, Puerto Rican, atc.)			- American Indian, White, etc.			
COMPLETED	(Specify only highest grade completed) (Give kind of life. Do NOT life					USUAL OCCUPATION work done during most of working se retired.) CS PROFESSOR					P. G. Community C			
BE CO	17. FATHER'S NAME (First, Middle, Lest) ARTHUR ROVNER			18. MOTHER'S NAME (First, Middle, Meiden Surname) RACHEL T. LIEB										
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Pourle Number, City or Town, State, Zip Code) 103 DAUNTLY STREET, UPPER MARLBORO, MARYLAND								LAND 20772					
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION - City or Town, State CARMEL, NEW JERSEY 20b. PLACE AND DATE OF DISPOSITION Name of DATE CARMEL, NEW JERSEY 20c. LOCATION - City or Town, State CARMEL, NEW JERSEY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE									JERSEY				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STEIN HEBREW MEMORIAL FUNERAL HOME, 232 CARROLL STREET. NW. WASHINGTON.								ME, INC. ON. DC					
	23. PART I. Enter the diseases, or complications that caused the deep. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (ON AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in t						ne underlying cause given in Part i. 24a. WAS / PERF. 1 \(\triangle \text{ YES}					A C	/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATN (Ch	neck only o	ine)				
	1 TES 2 NO 27. MANNER OF DEATN 1 Noturel 5 Pending	28e. DATE OF (Month, D	INJURY	28b. TIM	4 🗆 Nun	ing Nom 28c, INJ WC	URY AT			er (Specify) SCRIBE NOW IN	JURY OC	JURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE O building,	28s. PLACE OF INJURY — At home, farm, street, far building, etc. (Specify)						281. LO	LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED		CIAN: To the best of R: On the basis of a:											nd menner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Codry	wym	10			290 LICE	NSE NUI	MBER 30		29d. DAT	E SIGNED (N	fonth, Day, Year)	
	Ausust P. R.	o completed flue	ugr/	M 27) (Type,	Print)	00	91	Pay	bu	un Cx	.Ch	-5px	Md. 2072	
	31. DATE FILED (Month, Day, Year) OCT 26 1992	Julia David	R'S SIGNATURE	M2.				1			1	0	176	

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IN OF VITAL RECORDS, P.O. BOX 68760,	NG PHYSICAR THE INFORMATION THE DESID SENSITIONS ARE NOT THE THE PROPERTY OF T	her this or flows to the strength of the burial provided and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, ath with the stranged of the filled burial, cremation, or removal.
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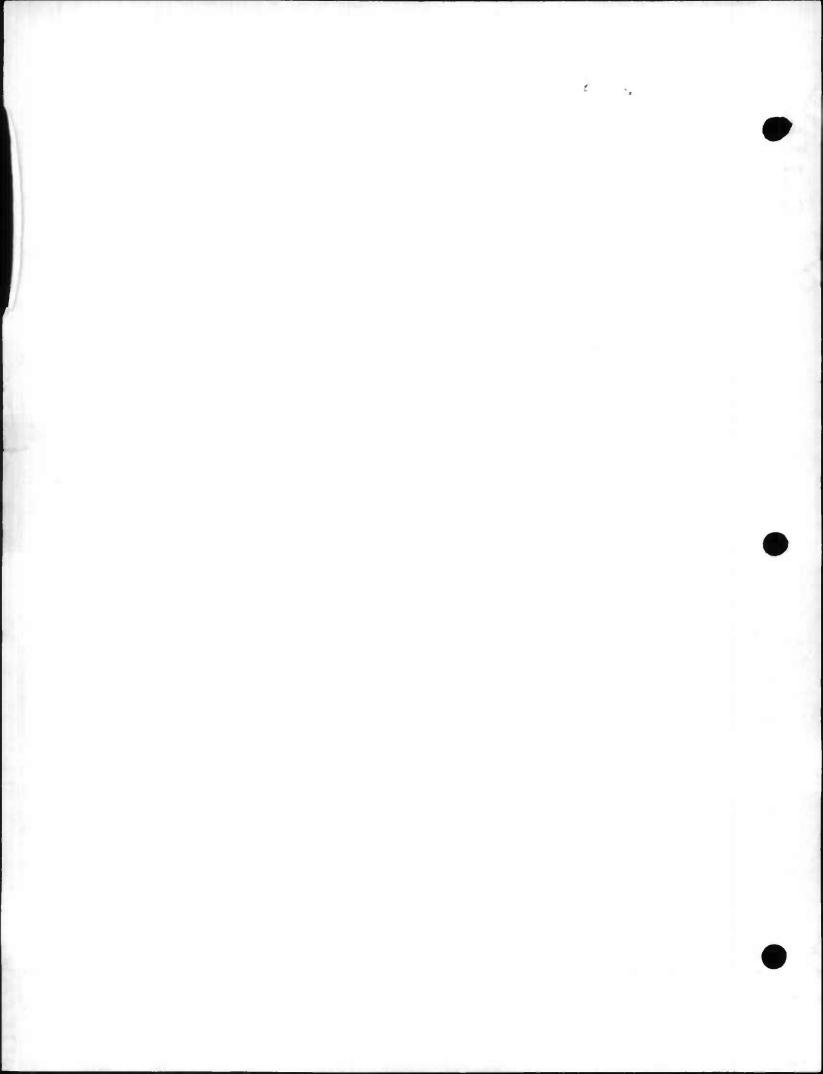
FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH OA3 ANTHONY LOUIS ALLEN, JR. 4:10 A 4. SOCIAL SECURITY NUMBER 5. SFY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 1 M 2 F 31 YRS. 12-48-5922 4/21/61 Balto.Md. phonic 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MD.RTE.16 DIRECTOR MADISON DORCHESTER RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Church Creek Dorchester 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt.#335 Box 665D 21622 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify. BY 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 11 grade 17. FATHER'S NAME (First, Middle, Last) self employed-waterman waterman notified at once. 18. MOTHER'S NAME (First, Middle, Maiden Surname) Anthony Louis Allen, Sr. BE Jeanette A. (nee Kahl) Allen 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Martha Hopkins Allen #335 Box 665 Rt Church Creek, Md. D 21622 must be 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE cemetery, cremetory of other place)
St.Mary's Star of the 10/7 Church Creek, 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Sea Cem. 22. NAME AND ADDRESS OF FACILITY Dorchester, Co., Md. Golden Hill Tom Helfenbein Funeral Home 106 Shamrock Road, Chester, Shamrock Road, Chester, Md the medical 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final disease or condition Multiple injuries
DUE TO (OR AS A CONSEGUENCE OF): or usen 23 shows any injury, or other traumatic event, resulting in death) CERTIFICATION Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) EXAMINER? HOSPITAL 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 | Nursing Home 5 | Residence & Nother (Spenish ADWAY 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME DF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural
2 Accident 5 Pending Investigation 10/03/92 3:00AM 1 YES 2 100 DRIVER IN TRUCK/STRUCK DITC BY HOSPITAL OR ATTENDING FUNERAL DIRECTOR: Afte within 72 hours after deat 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 is 6 Could not be COMPLETED ROADWAY TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If Item 21 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 👿 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Donald & Wright MD O.C.M.E. 10/03/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD G, WRIGHT MD 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 92 32. REGISTRAR'S SIGNATURE

Julia Davidson-Randale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89



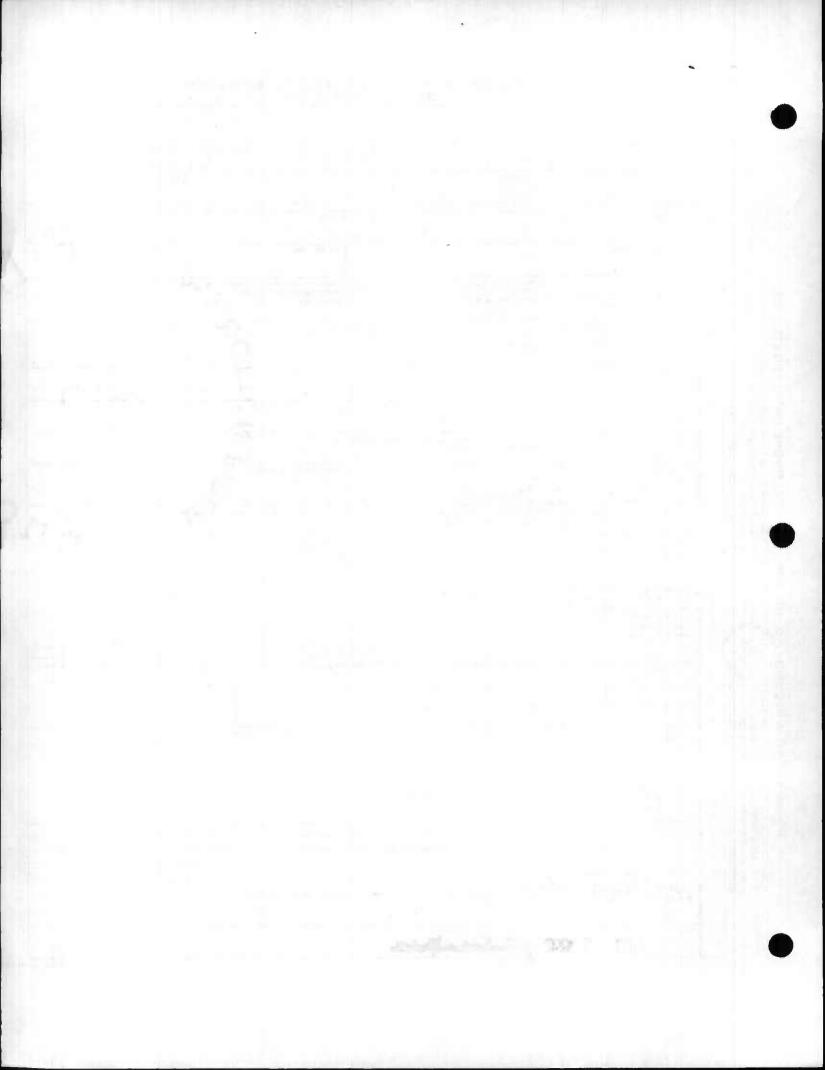
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the destin confidence be executed withing 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate that been somed as the attending to be detacted on the funeral director, page 5 should be detacted be filed within 72 hours after death with the Sam Deat, or Hearth and Membershapers and build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any wight or their traumatic event, the medical examiner must be notified at once.
1	d within, 24 hours a	mpletely filled in by crem-	event, the medic
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	ENDING PHYSICIAN	R; After this certifine of the feath with the feath	is marked, or
	HE HOSPITAL OR ATTI	HE FUNERAL DIRECTO od within 72 hours aft	DRTANT: If Item 28

31. DATE FILED (Month, Day, Year) 10/08/92 7

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)				TOF HEALTH AND E OF DEATH	REG. NO					
		ellace	2. DATE OF DEATH	3. TIME OF DEATH 3:00 A							
			ARBOGAS GE (In yrs. last birthe		ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	992	BIRTHPLACE (State or Foreign			
	2 19 - 16 - 0 2 7 2 9a. FACILITY NAME (If not institution, give stre	1 M 2 F	67 YR	22.		(Month, Day, Your) Sept. 25,	1925	West Virgini			
TOR	Garrett County Me		pital	70. GI	Oakland	DEATH	Gar	rett			
DIREC	10a. STATE 10b. COUNTY	Garrett	10c.		on Location Lake Park			10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO			
ERAL	100. STREET AND NUMBER				10f. ZIP CODE 2 1	550	10g. CITIZEI	USA			
TO BE COMPLETED BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 XYES 2 NO				ANIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	y Yes or No— 14. RACE — American Indian, Stack, White, etc. Specify: White				
	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)		d of work done OT use retired.	during most of working)	166. KIND OF SU		DUSTRY			
	10th Maintenanceman US Coast Guard 17. FATHER'S NAME (First, Middle, Last) Ona Arbogast Junie Long										
	19a. INFORMANT'S NAME (Type/Print) Robert Arbogast				er Ridge Road			1076			
	20a. METHOD OF DISPOSITION 1 [X] Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home 32 S. Second St., Oakland, MD 21550										
	23. PART I. Enter the diseasea, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one cause o	n eech line.		or the mode of dying, su lar Disease	ich as cardlac or reep	iratory arreat	Approximate Interval Between Onset and Daati			
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE OF): Chronic Obstructive Pulmonary Disease DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	that initiated events out to (OR AS A CONSEQUENCE OF): resulting in death) LAST										
MEDICAL	PART II. Other significant conditions	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ	28. PLACE OF DEATH (C						
DISTU-	27. MANNER OF DEATH 1 🖾 Natural 5 🖾 Pending	28a. DATE OF INJUI (Month, Day, Yel	RY 28b.		28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED					
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, atc. (3	JRY — At home, fer Specify)	rm, street, fo	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
5	Tomore detaining										
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA				time, data and place, and du			evec(a) and menner ea stated.			

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Paul Daniel Miller D.O. 2255 Rt. 135 E. Suite 6, Mt. Lake Park, MD.

32. REGISTRAR'S SIGNATURE



medical examiner must be notified at once.

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DIVISION OF WITH RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. THE LANGESTIME THE DESCRIPCION CERTIFICATE DE executed within 24	TO THE FUNERAL DIRECTOR: And management and part of the standing physician and completely fills	be filed within 72 hours after court were the State Day, or Health and Mental Hygnene prior to burial, cremation,	IMPORTANT: If item 28 is marked of them 23 shows any injury or other traumatic event the
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Dr. Thomas Johnson MD
31. DATE FILEO (Month, Day, Year)
OCT 1 3 1992

Maxine	Middle, Last)				ICATE					OF DEATH		3	TIME OF DEATH	
Haxine	Wilma		ALEXAND	ER					Octo	ber f	2, 19	92	5:00 p.	
4. SOCIAL SECURITY NUM		SEX	6. AGE (In yrs. le	est birthday)	IF UNDER	1 YEAR	F UNDER	24 HRS.	7. DATE (OF BIRTH , Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign	
233-62-8340		□ M 2 🔀 F	69	YRS.	MONTHS	CMYS	HOURS	MIN.			1923		Virginia	
9a. FACILITY NAME (If not is	9b. CITY,	TOWN O	R LOCATIO	N OF DE	ATH		9c. COUN	TY OF DEA	TN					
Garrett Cou	nty Mem	orial H	ospital				0ak1	and	Ga			Gar	rett	
10a. STATE	10b. COUNTY			10c, CIT	Y, TOWN O	R LOCAT	ION					10	Dd. INSIDE CITY	
West Virginia Preston						rint	h						LIMITS?	
10e. STREET AND NUMBER		101.	ZIP CODE				10g. CITIZ	EN OF WHA	AT COUNTRY?					
Star Rt. 2 Box 122							26	713				USA		
11. MARITAL STATUS 1 Never Married 2 X			T EVER IN U.S. AI		13. 1	MAS DEC	ENDENT O	F HISPAN	NC ORIGIN	? (Specify Ye	or No	14. RACE -	American Indian, Vhite, etc.	
3 Widowed 4 Dive	-0.00	IF YES, GIVE W		7-1-1	1	T YES	2 NO	Specify	r:			Specify:	White	
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(Specify on Elementary/Secondary (I	highest grade con	ollege (1-4 or 5 +	(0	Give kind of v a. Do NOT us	work done of retired.)	luring mos	st of working	7	1000	01 50				
8th									Home					
17. FATHER'S NAME (First, A	17, FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NAME (First, Middle, Meiden Surname)							
Alvy Leroy Reckart							Bertha Melissa Liston						ton	
19a. INFORMANT'S NAME (Type/Print) 19b. MAJLINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
Luther J. Alexander Star Rt. 2 Box 122 Corinth, WVa. 26713														
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) DATE 20c. LOCATION — City or Town, State														
Onestion 6 Other (Specify) Ashby Cemetery 10/15 Oakland Maryland Signature of Funeral Service Licensee 22. NAME AND ADDRESS OF FACILITY										yland				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE					Stewart Funeral Home									
trank	Cin TI	(lus	les			32 5	South	Sec	cond	Stree	t Oal	kland	, MD 215	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.									Approximata Interval Between					
IMMEDIATE CAUSE (Final													Onset and De	
resulting in death) a. Squamous cell c					cinoma of Lung								l year	
DUE TO (OR AS A CONSEQUENCE OF):														
Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):														
	If any, leading to immediate cause. Enter UNDERLYING													
If any, leading to imme	CAUSE (Disease or Injury													
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju	,	resulting in dasth) LAST												
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if any, leading to immecause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS PART II. Other algnifice	d	ontributing to	death but not	reaulting I	In the un	derlying	ceuse g	lven in	Part I.	24s. WAS AN PERFOR		AV	AILABLE PRIOR TO	
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	d	ontributing to	death but not	reaulting i	In the un	derlying	ceuse g	lven in	Part I.		RMED?	AV CC	AILABLE PRIOR TO	
if any, leading to Immecause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS PART II. Other algnifice	d	ontributing to	death but not	reaulting i	In the un	derlying	ceuse g	lven in	Part I.	PERFO	RMED?	OF	MILABLE PRIOR TO EMPLETION OF CAUSE	
if any, leading to immecause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS PART II. Other algnifice	d	ontributing to	death but not	reaulting i	in the un					PERFO	RMED?	OF	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?	
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HO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

311 N. Fourth Street

Oakalnd, MD 21550

Frankles #1 Costin

BALTIMORE, MARYLAND 21215-0020	I hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate lian and the second physician and completely filled in by the funeral director, cane 5 should be detached fay use as the burial-branet exercit power 4 or 2 should	n, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The property of attending physician or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate from the property of the funerant physician and completely file	be filed within 72 hours after death with the State Dear of Hallmann Menta Hyrane prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DATE OF BATTN MANY 1 YEAR S. SEX SEX SEX SEX SEX SEX SEX SEX SEX SEX
A SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 2. SEX 2. SEX 2. DOCE NOTE IN SET OF S
S. SEX 217-32-6897 S. FACLITY NAME (If no institution, give street and number) S. FACLITY NAME (If no institution, give street and number) S. FACLITY NAME (If no institution, give street and number) Frederick Memorial Hospital Frederick Memorial Hospital Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick 10s. CITY, TOWN OR LOCATION OF DEATH Frederick Frederick Thurmont 10s. STATE 10s. COUNTY OF DEATH Frederick Thurmont 10s. STATE 10s. COUNTY OF DEATH Frederick Thurmont 10s. STATE 10s. COUNTY OF DEATH Frederick Thurmont 10s. STATE 10s. CITY, TOWN OR LOCATION 10s. STREET AND NUMBER 144 Water Street, Apartment 2A 11. WAS DECEDENT OR INSPECTIVE OR INSPECTIVE SET IN U.S. ARMED 12 YES 2 NO 12 YES 2 NO 13 WAS DECEDENT OR INSPECTIVE OR INSPECTIVE OR INSPECTIVE SET IN U.S. ARMED 14. MARITAL STATUS 15. Never Married 2 Married 10s. STREET AND NUMBER 11. WAS DECEDENT OR INSPANC ORNINT? (Specify Yea or No- 12 YES 2X NO 13 WAS DECEDENT OR INSPANC ORNINT? (Specify Yea or No- 14. RACE — American Indian 15. Never Married 2 Married 10s. SECOLATION (Size with of word doors during most of working) 15. DECEDENT'S EDUCATION (Size with of word doors during most of working) 16s. DECEDENT'S USUAL OCCUPATION (Size with of word doors during most of working) 16s. KIND OF BUSINESS/INDUSTRY 16s. KIND
98. FACILITY NAME (If not institution, pive street and number) 99. CITY, TOWN OR LOCATION OF DEATH Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick 106. CITY, TOWN OR LOCATION Thurmont 106. STATE 109. COUNTY Waryland Frederick Frederick 109. CITYEN OF WHAT COUNTRY 109. CITYEN OF WHAT COUNTRY 109. CITYEN OF WHAT COUNTRY 109. CITYEN OF WHAT COUNTRY 109. CITYEN OF WHAT COUNTRY 109. CITYEN OF WHAT COUNTRY 109. CITYEN OF WHAT COUNTRY 109. CITYEN OF WHAT COUNTRY 109. CITYEN OF WHAT COUNTRY 109. CITYEN OF WHAT COUNTRY 109. CITYEN OF WHAT COUNTRY 119. Never Married 12 WAS DECEDENT'S EDUCATION 10 Never Married 12 WAS DECEDENT'S EDUCATION 10 Never Married 10 Nev
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Specify: White Specify: Whose Specify: White Spec
10/1/1935- 8/29/1957 15. DECEDENT'S EDUCATION (Specify) only highest grade completed) Elementary/Secondery (0-12) 10 10 10 11. FATHER'S NAME (First, Middle, Last) Albright 120. INFORMANT'S NAME (First, Middle, Last) Albright 120. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Larry W. Albright 120. METHOD OF DISPOSITION (Specify) 120. METHOD OF DISPOSITION (Specify) 120. METHOD OF DISPOSITION (Specify) 120. METHOD OF DISPOSITION (Specify) 120. METHOD OF DISPOSITION (Specify) 120. METHOD OF DISPOSITION (Specify) 121. SIGNATURE OF UNERAL SERVICE LICENSEE MOO706 121. SIGNATURE OF UNERAL SERVICE LICENSEE MOO706 122. MAILING ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home 106 East Church St., Frederick, MD 21701 Approximate interval Bet Onset and Ideases or condition Approximate interval Bet Onset and Ideases or condition Approximate interval Bet Onset and Ideases or condition
Albert L. Albright 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) Mr. Larry W. Albright 20a. METHOD OF DISPOSITION 18 Burlet 2 Cremetion 3 Removal from Stale 4 Donation 5 Dither (Specify) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 6317 Mountaindale Road, Thurmont, Maryland 21788 20b. PLACE AND DATE OF DISPOSITION (Name of Commetter, gramatory or other place) Resthaven Memorial Garden 9/25/92 Frederick, Maryla 22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home 106 East Church St., Frederick, MD 21701 23. FART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, interval Bett Onset and I disease or condition
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Albert L. Albright 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Larry W. Albright 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6317 Mountaindale Road, Thurmont, Maryland 21788 10b. PLACE AND DATE of DISPOSITION (Name of Commetter), Cremetton 3 Removal from State 10c. LOCATION — City or Town, State 10c. LOCAT
Albert L. Albright 19e. INFORMANT'S NAME (Type/Print) 19e. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mr. Larry W. Albright 20e. METHOD OF DISPOSITION 1X Burlet 2 Cremetion 3 Removal from Stale 4 Donation 5 Dither (Specify) 1. SIDNATURE OF DISPOSITION (Name of Commetter, gremetory or other place) Resthaven Memorial Garden 9/25/92 Frederick, Maryla 22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home 106 East Church St., Frederick, MD 21701 23. FART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, interval Bett Onset and III. Approximate interval Bett Onset and III.
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A Donation 5 Onher (Specify) Resthaven Memorial Garden 9/25/92 Frederick, Maryla 22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home 106 East Church St., Frederick, MD 21701 23. FAMILE Enter the difference, or complications that course on each line. IMMEDIATE CAUSE (Final disease or condition
22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home 106 East Church St., Frederick, MD 21701 21. FAST I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, interval Bett Onset and II. Approximate interval Bett Onset and II.
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MOO706 106 East Church St., Frederick, MD 21701 21. FART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, interval Bet Onset and III
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IMMEDIATE CAUSE (Final disease or condition
DUE TO (OR AS A CONSEQUENCE OF):
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Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):
if any, leading to immediate cause. Enter UNDERLYING
CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d.
PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FIND
PERFORMED? AMALABLE PRIOR TO COMMISSION OF CHILD
1 YES 2 NO OF DEATH?
1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2, NO 1 Inpatient 2. ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28. DATE OF DEATH 28. DATE OF DEATH 28. DATE OF INJURY NURY (Month, Day, Year) 29. DATE OF INJURY AT WORK? WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 Injury AT WORK?
EXAMINER? 1 YES 2 NO 1 Ingestiant 2 FR/Dutestant 2 DOA 1 Ingestiant 2 FR/Dutestant 2 DOA 1 Ingestiant 2 FR/Dutestant 2 DOA
1 YES 2, NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY 29. TIME OF DEATH
NRUTH 5 Pending
2 Accident Investigation M 1 YES 2 NO
3 Sulcide 6 Could not be determined 28. PLACE OF INJURY — Al home, term, streel, factory, office building, stc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stelle)
29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.
one) 2 MEDICAL EXAMINER: On the bests of examination and/or investigation. In my policing death occurred of the time data and along a second a second along a second along a second a second a second along a second along a second a second a second along a second
2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as state
2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner ea state 29b. SIGNATURE AND TILE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Sorpt ambour 22
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2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner ea state 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Sorpt ambor: 22

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) CODMELC

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32 AEGISTRAP'S SIGNATURE

STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) Margaret Green Ackerman 2. DATE OF DEATH 3. TIME OF DEATH 92 YEAR Margaret Ackerman 10:56 am. 10 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Jun 3, DAYS 578-62-3050 1 🗌 M 2 💟 F 1908 Ohio use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number, 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Montgomery General Hospital Olney DIRECTOR Montgomery RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Montgomery Maryland Silver Spring, 1 - YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3701 International Drive #638 20906 United States hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1 Never Married 2 Marri BY 1 YES 2 NG Specify. 3 X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5 +) 4 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William ¥ Reid Green Cora BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Constance A. Hutchinson 8612 Garfield St, Bethesda, MD 20817 9 20e. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☑ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State must director, p Suburban Crematory 10-8 Silver Spring, MD examiner 21. SKINATURE OF FONERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral Rapp Funeral Services, P.A. roll le M00827 933 Gist Ave, Silver Spring, MD 20910 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, filled in by Approximata shock, or heart failure. List only one cause on each line. interval Between ŏ IMMEDIATE CAUSE (Final **Onset and Death** e e disease or condition ito completely resulting in death) executed within traumatic event. DUE TO (OR AS A CONSEQUENCE OF): Surfat. Interiorclaro pag CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury physician the death certificate be other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST The attending p 8 shows any injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS fighted by II H AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 1 NO-1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER 1 YES 2 NO 1 Inpatient 2 E Effoutpatient 3 DOA e 5 Residence 8 Other (Specify) Ē 5 FUNERAL DIRECTOR: After this certil within 72 hours after death with the 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. OEŞCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident HOSPITAL OR ATTENDING 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide item 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL O
TO THE FUNERAL D
DE filed within 72 ho
IMPORTANT: If its 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE Christopher Mays MI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

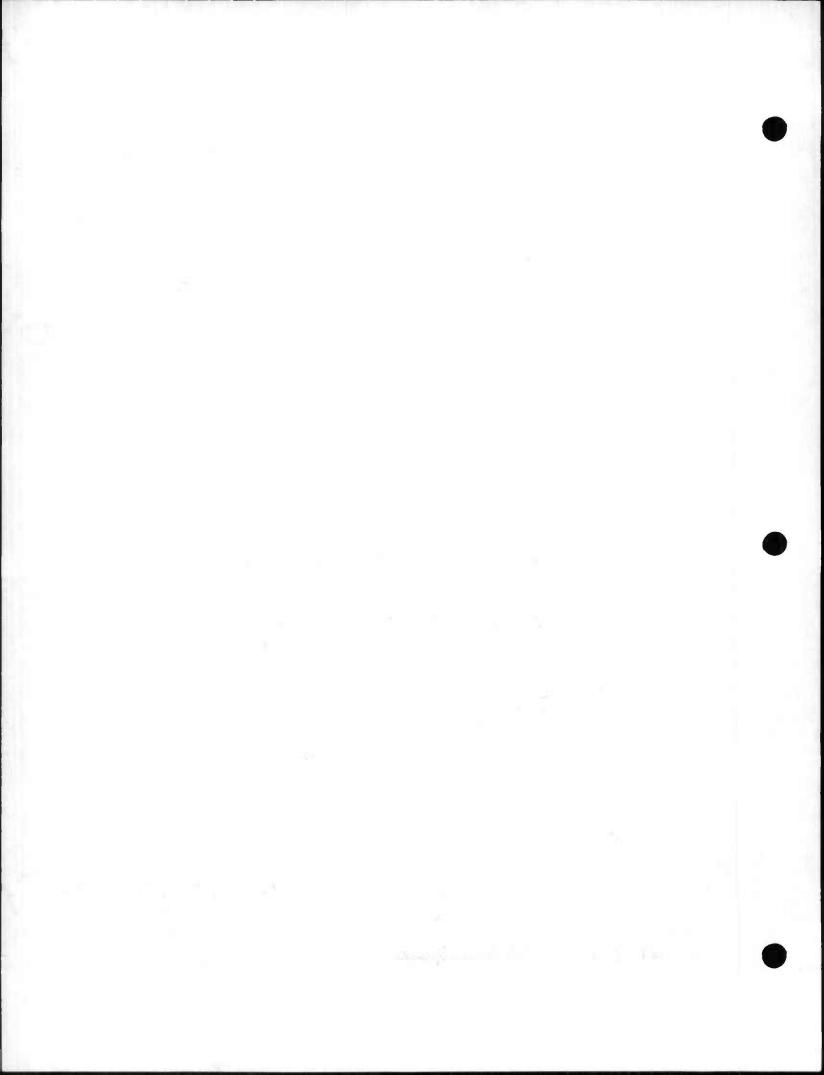
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10-6-92

OLNEY RD. OLNEY

BALTIMORE, MARYLAND 21215-0020	near the man and the control of the	near her come by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	, or removal.	s medical examiner must be notified at once.
NE VITAL RECORDS, P.O. BOX 68760,	CAR The property that the death certificate be executed within 24	unificate has been coned by the attending physician and completely fill	the Shar Decr. A Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSICI	TO THE FUNERAL DIRECTOR: After this cer-	be filed within 72 hours after death with th	IMPORTANT: If item 28 is marked, o

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF H	EALTH AND N	MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	Martha V Artz	<u> </u>				9/30/9		4:30 P.M.
	4. SOCIAL SECURITY NUMBER 579-78-8131	5. SEX 6. AGE		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/23/26	1	BIRTHPLACE (State or Foreign Country) Cuba
_	9s. FACILITY NAME (If not institution, give :	street and number)	9/	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
DIRECTOR	614 Sligo Avenu	e		Silve	r Spring		Mont	gomery
EC.	10e. STATE 10b. COUNT		10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY
	MD Mo	ntgomery	Sil	ver Spi	ring			1 YES 2 NO
3AL	10e. STREET AND NUMBER				ZIP CODE	5		OF WHAT COUNTRY?
FUNERAL	614 Sligo Ave.	Les ins accession with			20910		U.S.	
BY FU	1 Nover Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	If yes, spe		IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No— 14,	RACE — American Indian, Black, White, etc. Specify: Cuban
ED	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT'S US			166. KIND OF BUS	INESS/INDUST	THY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	tired.)	st or working	Donor	tmont	Chama
₹	12. 17. FATHER'S NAME (First, Middle, Linst)	0	Fitt	er			tment	store
	Franciso Amat					ME (First, Middle, Melden Muirhead	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING AD	DRESS (Street a		bute Number, City or Town	State Zio Co	(n)
2	Armondo A. Garzon	n				ngton D.C.		•
	26a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	b. PLACE AND DATE OF Commetery, cremetery or other Gate of He	nlanal				or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE	GACE OF HE		D ADDRESS OF FAC		iver 5	oring Fin.
	Dennisa.	asitono				Funeral H		ver Spring, M
	23. PART i. Enter the diseases, or shock, or heert fellure.	complications that cause List only one cause on	ed the death. Do not	enter the mo	de of dying, suct	as cardiac or respi	ratory arrest	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	5.	0 1					Onset and Death
	resulting in death)	· Dir	A CONSEQUENCE OF	Em	more	7		
-	_	DOE TO COM NO	A COMBEDGIAL OF).			v		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS	A CONSEDUENCE OF:			. 1 0		
2	cause. Enter UNDERLYING CAUSE (Disease or injury	· Bring	cho (s	cocin	way,	of the la	~ a	o.
崑	that initiated events resulting in death) LAST	DUE TO (DR AS	A CONSEDUENCE OF):		1		1	
8		d						
¥	PART II. Other significent condition	na contributing to deeth	but not resulting in t	he underlying	ceuse given in i	Part I. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDIC	11	20-0				1 _ YES 2	Z-NO	OF DEATH?
Σ		1				—		1 TYES 2 THO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 PL	ACE OF DEATH (Che	ck anh one)		
Sic	EXAMINER?	HOSPITAL:	tostlent 3 DOA 4	THER:	5 & Residence			
Ě	27. MANNER OF DEATH	28a, DATE DF INJURY	28b. TIME O	F 28c. INJI	URY AT	28d. DESCRIBE HOW II	NJURY OCCUR	ED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? 'ES 2 ND			
8	3 Suicide 8 Could not be 4 Homicide detarmined	28e, PLACE OF INJUR building, etc. (Spe	Y — At home, farm, streedily)	it, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number or I	Burel Route Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	wledge, death occurred a	t the time, date	and place, and due	to the cause(a) and man	ner as stated.	
S S	one) 2 MEDICAL EXAMINE	ER: On the basia of axamination	on antifor amountgened. I	n my opinion, de	eath occured at the	time, date and place, an	d due to the ca	suse(e) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	1 0	1		29c. LICENSE NUM 2590	BER	29d, DATE SI	GNEO (Month, Day, Year)
일	30. NAME AND AD RESS OF PERSON WI	D COMPLETED CANOE OF O	EATH (ITEM 27) (Type, Pri	nt)			16	
		arzon, M.D.	3010 Mt.	Pleasa	nt St.	Wash. DC	20000	
	31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIG	NATURE				ويتينين	
	HE 1 1 7 7 709	Chille January	777					



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

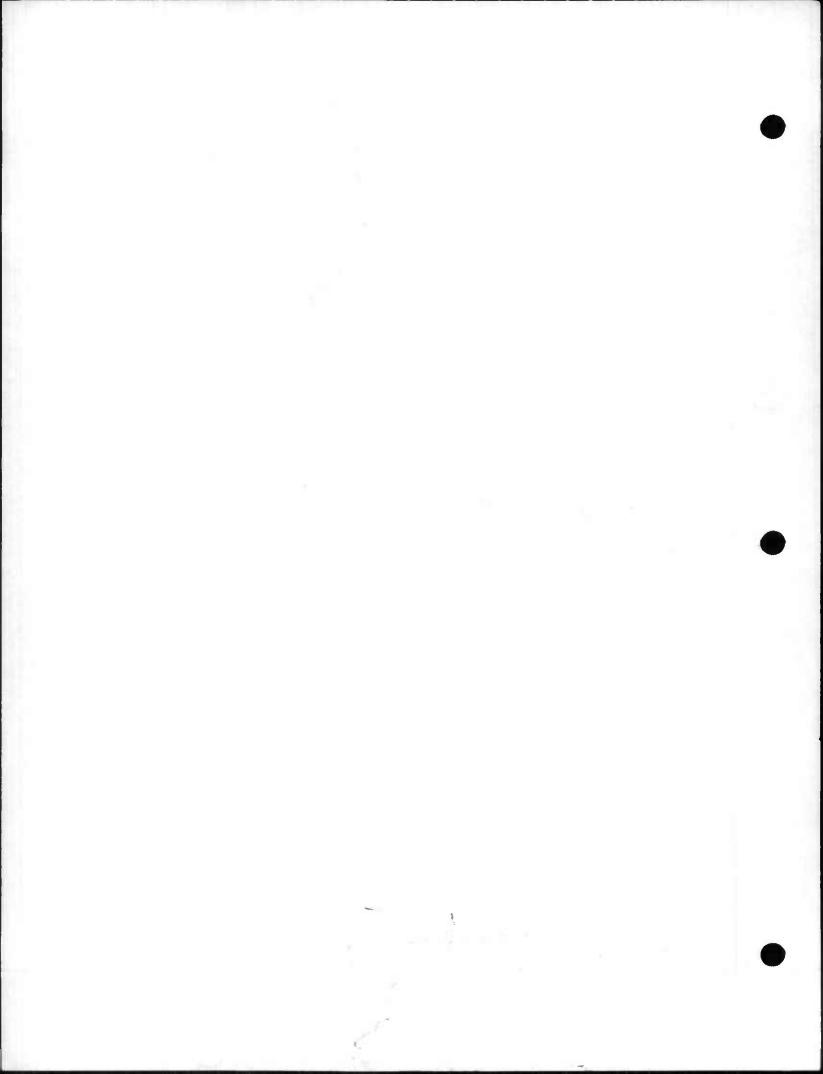
TICOIOTTIAIT				CAIL	- 01	DLA	, ,,,	H	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I		v	VEAD	3. TIME OF DEATH
Frances Car	rtledge	Alexand	er					Octobe	er 10	, 19	92	10:10 A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER		IF UNDER		7. DATE OF E (Month, De			8. BIRTH Countr	PLACE (State or Foreign
214-12-7509	1 ☐ M 2 🔀 F	95	YRS.	MONTHS	DAYS	HOURS	BRING.	Aug.	14,	1897		sylvania
9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY,	TOWN	OR LOCATI	ON OF D	EATH		9c. COU	NTY OF D	EATH
4605 Woodfield I	Road			1.7	B€	thes	da			Mon	tgom	ery
RESIDENCE OF DECEDENT				Y, TOWN C		2004	_					
Maryland Monto	gomery			Beth								10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 4605 Woodfield F					10	. ZIP COD	E			10g, CIT	IZEN OF W	HAT COUNTRY?
4605 Woodfield F	Road					208	14			Uni	ted	States
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. 1	WAS DEC	ENDENT C	F HISPAI	NIC ORIGIN? (S	pecify Yes	or No-	14. RACE	— American Indian,
3 🔀 Widowed 4 🗆 Divorced	IF YES, GIVE V		J#0			2 K NO			n, etc.)	3	Speci	- TINE IS NOT
15. DECEDENT'S EDUC (Specify only highest grade of	ATION Completed		DECEDENT'S					16b. KIN	D OF BUS	INESS/IN	DUSTRY	
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5		te. Do NOT us	e retired.)	auring mo	IST OF WORDS	10					
	2	H	omema.	ker					Own	Home		
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middl	le, Maiden .	Sumame)		
Franklin Fisher	Cartled	ge				C	ora	Мае Но	ff			
THE INFORMANT S NAME (Type/PTIN)								Route Number, C				
Jane C. Alexander			2611	Jeffi	rey	Lori	Dri	ve, Fi	nksb	urg,	MD	21048
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	val from State	20b. PLACI	E AND DATE	OF DISPOS	ITION/N	eme of		DATE	20c. LO	CATION -	City or To	wn, State
4 Donation 5 Other (Specify)	vai iiolii Suite	Will.	iam P	enn (Ceme	tery	10	/13/92	Phil	adel	phia	, PA
21, SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			22. RO	NAME A	ADDRE	SS OF FA	hrey F	uner	al H	ome/	
* Kalent F	and	MO	0198	ne i	Beth	esda	-Che	vy Cha	se,	Inc.	Ome,	20814-3501
shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	Multi	infarc	t dem		a							Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		(OR AS A CONS	EQUENCE OF	ŋ:								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		(OR AS A CONS	EQUENCE OF	ን:								
	contributing to	death but not	resulting	n the un	dadyla	T 081100 (nhen la	Port I no	. WAS AN	ALITODON	100	
Malnutrition d							Jiveii iii	Part 1. 244	PERFOR		240.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
dementia, sacra			.O mai	CT_T	IIIai			- 10	YES 2	NO X		OF DEATH?
dementia, sacra.	r decubi	Lus						-				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL												
EXAMINER?	HOSPITAL:			OTHER	1 :			eck only one)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2		3 LI DOA				sidence	6 Other (Sp				
	(Month, E	Pay, Year)		URY M	WC	URY AT PRK? YES 2	□ NO	28d. DESCRI	BE HOW IF	JURY OC	CURED	
2 Accident Investigation 3 Suicide & Could not be	28e. PLACE C	OF INJURY — At I	nome, farm, s	dreet, facts			,	261. LOCATIO	N /Street a	nd Numbe	or Burni B	huda Mumber
4 Homicide determined	building,	etc. (Specify)							wn, State)			Transfer agents
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICI	NSE NUI	MBER		29d, DAT	E SIGNED	(Month, Day, Year)
S. Oanu	(MO				D3	9563	3		•		ber 12,1992
30. NAME AND ADDRESS OF PERSON WHO										_		
Susan G. Baruch,		743 Bra		Blvd	., (Chevy	Cha	ase, Ma	aryla	nd	2081	5
31. DATE FILED (Month, Day, Year)	A2. REMISTRA											

onal or attending physician. TYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be returned by The attending physician and completely filled in by the funeral director, page 5 security of the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

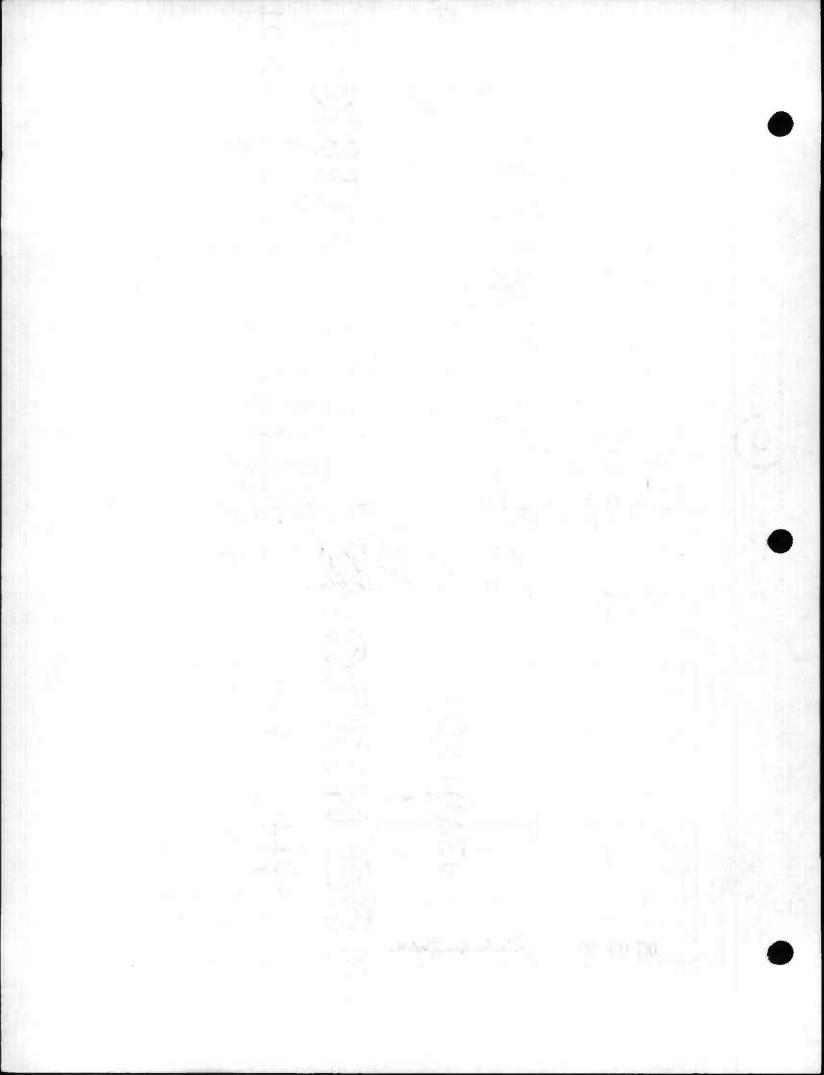
BALTIMORE, MA



notified at once.

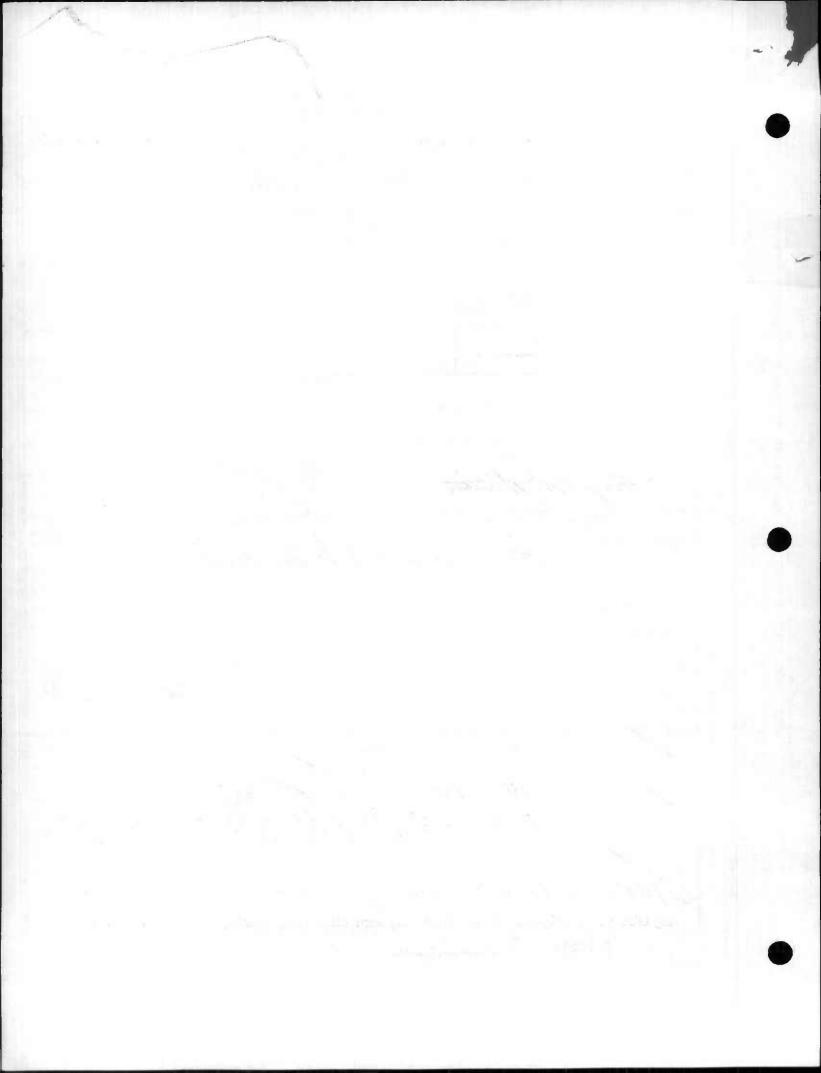
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-moust alter death. Peo 6 apr 13-july	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find in the line management of	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be no
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DIVISION OF VITAL RECORDS, P.O. BOA 80760,	MP	as t	Dept .	S
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1 - STATE REGISTRAR	STATE OF MARYI		TMENT OF		MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, Las Ethel	P. Aldin	ger	5	72	2. DATE OF DEATH MONTH D. OCt - 7	, 1992	3. TIME OF OEATH 7:15 AM
4. SOCIAL SECURITY NUMBER 820-03-8415	1 □ M 2 🔀 F	(In yrs. last birthday) 91 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Dey. Year) Aug 18	1901 Ne	
9a. FACILITY NAME (If not institution, given 1233 Simmons RESIDENCE OF DECEMENT				or location of CKVILLE		9c. COUNTY OF	omery
10e. STATE 10b. COUR		10c. CITY	ROCKV				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1233 Simmon				20851		10g. CITIZEN OF	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2000	If yes, s	CENDENT OF HISP	PANIC ORIGIN? (Specify Yelican, Puerto Rican, etc.)	n or No— 14. RA Bl	ACE — American Indian, ack, White, etc.
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12 Grade	DUCATION ade completed) College (1-4 or 8 +)	16a. OECEOENT'S (Give kind of w life. Do NOT us	vork done during me retired.)			siness/inoustry	
17. FATHER'S NAME (First, Middle, Last)	D.:	nouse	WILC		NAME (First, Middle, Malden	Surname)	
LOUIS O. 19a. INFORMANT'S NAME (Type/Print)	Piper (Daughter)	19b. MAILING	ADDRESS (Street		rrie S. al Route Number, City or Tox		
1 Burlel 2 Commetton 3 R. 4 Donation 6 Other (Specify) 21. sign Arthr E OF FUNERAL SERVICE 23. PART I. Enter the diseases, or shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	DUE TO (OR AS	a consequence of	itan (22. NAME / SINC 2.46 lot anter the m	ND ADDRESS OF DW den F	uneral Ho shington uch as cardiac or resp	ome P.A. St. Ro Iratory arrest,	
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH	(Check only one)		1 YES 2 NO
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending	HOSPITAL: 1 Inpatient 2 ER/Ou 28a, DATE OF INJURY (Month, Day, Year)	7 28b, TIM	E OF 26c. If	me 6 🗆 Resident	28d. OE\$CRIBE HOW	INJURY OCCURED	
2 Accident Investigation 3 Suicide a Could not determined	28e. PLACE OF INJUI	RY — At home, farm, opecify)	street, factory, off	lce	281. LOCATION (Street City or Town, State		ral Route Number,
(original original	IYSICIAN: To the best of my kno INER: On the basis of examinati						se(a) and manner as stated.
30. NAME AND ADDRESS OF PERSON	kund	DEATH STEM ON CO.	Diet	29c. LICENSE I	NUMBER 35		NED (Month, Day, Year)
Lawrence R. 31. Date Filed (Month, Day, Year)		2415		ove Ro	ad, Silve	r Spri	20904 ng, MD
OCT 09 '92	Julia David	MATURE MARIE					



		1. DECEDENT S A
BALTIMORE, MARYLAND 21215-0020 The sean Page 6 may be retained by the hospital or attending physician. The mental infector, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should all manufacturer must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECUI 213-54- 90. FACILITY NAM 18507 RESIDENCE 100. STATE MATY LAT 100. STREET AND 18507 (11. MARITAL STAT 1 Never Merric 3 Widowed Elementary/So 12 17. FATNER'S NAM LAWSON 190. INFORMANT' ELSIE T 200. METNOD OF 1 Maurici 2 4 Donation 6
BALTI rs after deuth. Pr remout. dical examine		21. BIGHATURE OF
d within 24 houn mpletely filled in cremation, or n		immediate CA disesse or con resulting in date
THE HOSPITAL OF ATTERONG PHYSICAL PRECORDS, P.O. BOX 68760, THE HOSPITAL OF ATTERONG PHYSICAL PRECORDS AND A PROPERTY OF THE HOSPITAL OF ATTERONG PHYSICAL DIFFICULT AND THE CONTROL OF THE PROPERTY OF THE PHYSICAL OF THE PROPERTY OF THE PHYSICAL OF THE PROPERTY OF THE P	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentisily lie if any, leading cause. Enter UI CAUSE (Diseas that initiated et reaulting in dealers of the cause of the
THE THE PO THE PORTION	TO BE	30. NAME AND AD

REGISTRAR		CERTIF	CATE O	F DEATH	REG. NO).	
1. DECEDENT'S NAME (Birst, Middle, Last, Kuth	Peed-A	dames	Peed		DATE OF DEATH	7- 95	3. TIME OF DEATH 4495PN
4. SOCIAL SECURITY NUMBER 213-54-7635	1 - M X X F	E (In yrs. last birthday) 43 YRS.	IF UNDER 1 YEAR MONTHS DAYS		DATE OF BIRTH (Month, Day, Year) -24-1949	Co	TTNPLACE (State or Foreign intry)
98. FACILITY NAME (If not institution, given 18507 Croom Roa	atreet and number)		вь. сіту, том Вга	OR LOCATION OF DEAT	N	Prince	Georges
106. STATE 106. COUNT Maryland Prin	ce Georges		, town on Locandywir			3-10	10d. INSIDE CITY
10e. STREET AND NUMBER	de debiges			IOI. ZIP CODE		10g. CITIZEN O	1 VES 2 NO
18507 Croom Road	12. WAS DECEDENT EVER			20613		USA	
1 Never Married 2 Married 3 Wildowed 4XX Divorced	FORCES? 1 YES	B 2 ₩ NO	If yes,	ECENDENT OF NISPANIC specify Cuben, Maxican, FES 2 NO Specify:	ORIGIN? (Specify Ye Puarto Rican, etc.)	Sp.	ACE — American Indian, ack, White, atc. actly: Nite
15. DECEDENT'S EDI (Specify only highest grad	e completed)	16a. DECEDENT'S I	USUAL OCCUPA ork done during in retired.)	TION nost of working	16b. KIND OF BU	ISINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Legal S			COMS	AT	
17. FATNER'S NAME (First, Middle, Last) Lawson Peed				18. MOTHER'S NAME Elsie	(First, Middle, Maider Turner	Surname)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural Rout	le Number, City or Tov	vn, State, Zip Code)	
Elsie T. Peed		18013	Croom F	Rd., Brandy	wine, Md	. 20613	
20a METNOD OF DISPOSITION 1 & Burlel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)		St. Paul	FDISPOSITION	Cemetery 1		den, Md.	
Ben jamin Ma	n March	658		t Funeral Box 156,		. Md. 20	0604-0156
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	:	A the	resp		
PART II. Other significant condition	d	but not resulting in	the underlyi	ng cause given in Par	t i. 24e. WAS AN PERFO!	RMED?	Ab. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	201	OTHER:	PLACE OF DEATN (Check			
27. MANNER OF DEATN 1 Neturn 5 Pending Investigation 3 Suicide 6 Could not be determined	1 Inpetient 2 ER/Out 26s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJUR building, etc. (Spe	92 Table 11 Table 12 Table 13 DOA 14 Table 14 Table 16 Table 16 Table 16 Table 17 At home, ferm, str	W 1	YES 2 19 NO	Other (Specify) DESCRIBE HOW LOCATION (Street City on Dynn, State)	flicles	A Royle Number, My
20a. CERTIFIER (Check only one) 1 CERTIFYINO PNYS	CIAN: To the best of my know	wiedge, daath occurred on and/or investigation	I at the time, de	s and place, and due to t death occured at the time	he cause(a) and mei	nner as stated,	JOG/O
201. SIGNATURE AND TITLE OF CERTIFIE	market and a second a second and mo	,	29c. LICENSE NUMBER D21230			(Month, Day, Year)	
Augusto P. Rodr	iguez, M.D.			., Camp Sp	rings, M	D 20748	3-2230
OCT 26 1992	32. BEGISTRAR'S SIGN						

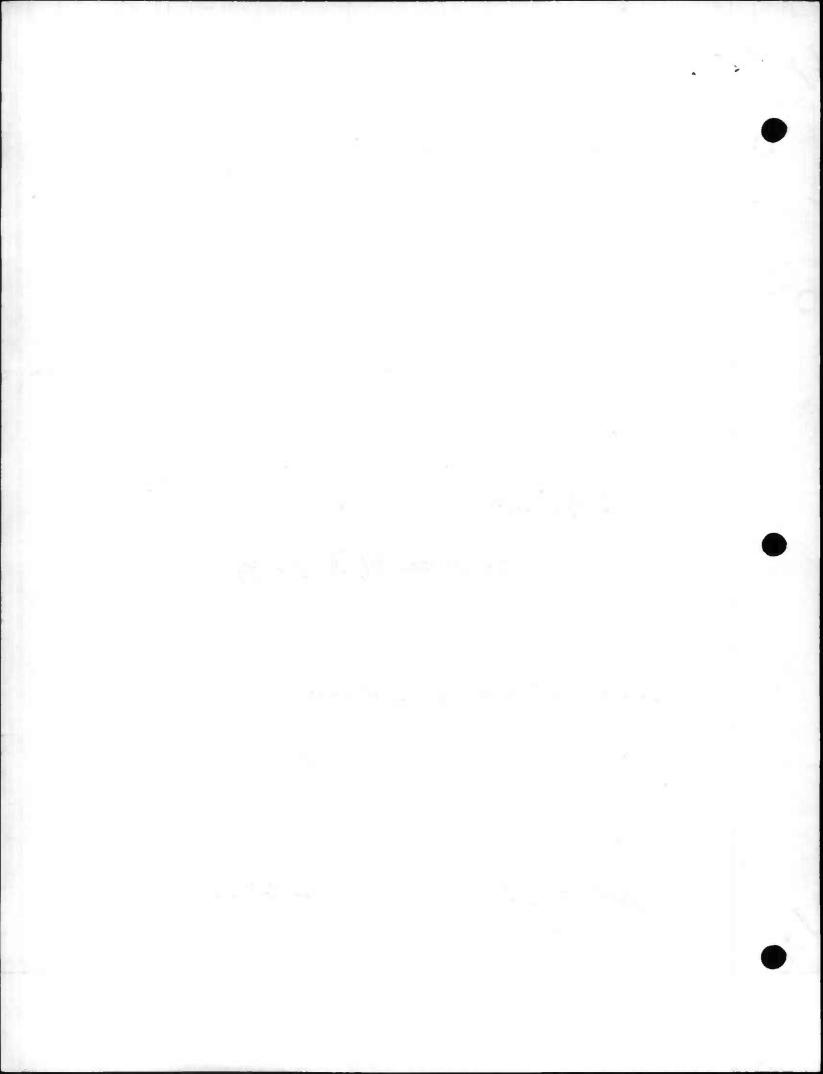


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	- STATE REGISTR
1	1. DECEDENT'S
ľ	4. SOCIAL SECU
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	Se. FACILITY NA
	3008 PI

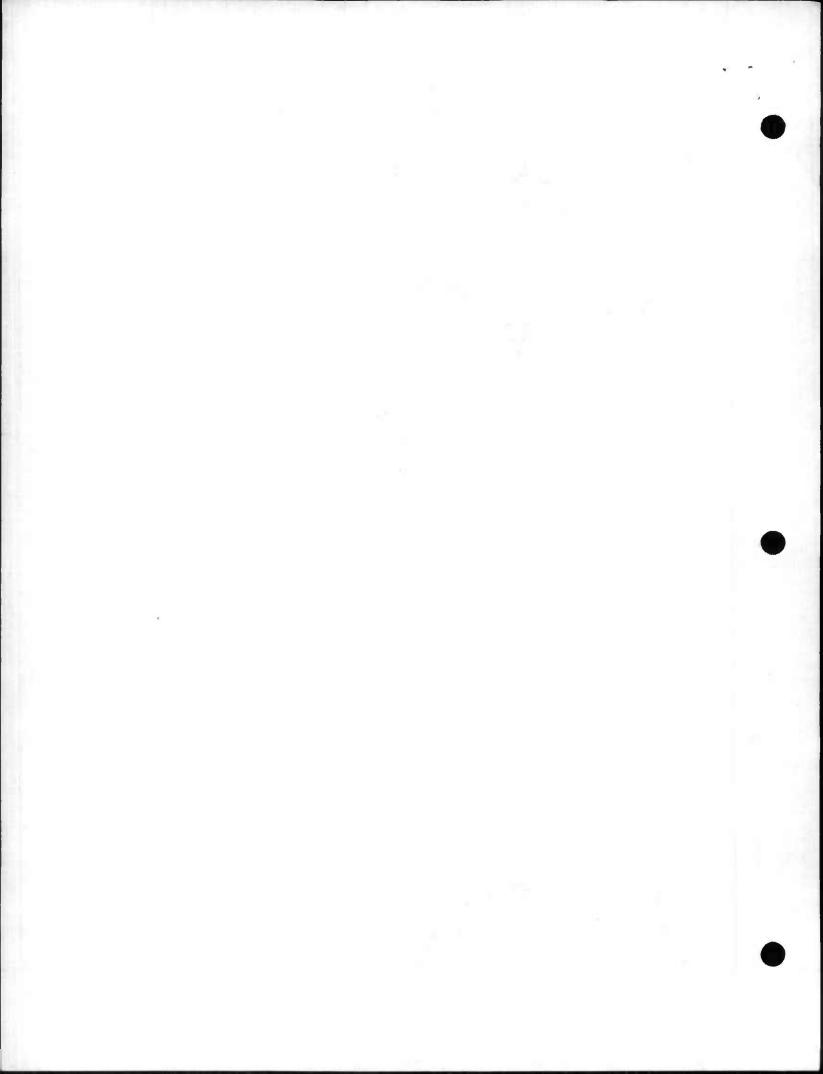
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN			THE	CATE	PUEAIR	REG. NO						
1 3	1. DECEDENT'S NAME (First, Middle, Last						2. DATE OF DEATH MONTH D	AY	3. TIME OF DEATH				
	JOSEPH	ROYAL	BE	LL,	SR.		October 6	. 199	2 10:00 P M				
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign				
1 3	243-36-0152	1 ¥ ¥ M 2 □ F	63	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	000	Country)				
	Se. FACILITY NAME (If not institution, give		03	-	7/		Feb. 2, 1		North Carolina				
00				Į.	96. CITY, TOWN	OR LOCATION OF	DEATH	9c. COU	NTY OF DEATH				
Ö	3008 Walnut Lane			l	Wald	dorf		Cha	ırles				
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUN												
8				10c. CITY	, TOWN OR LOC	ATION			10d, INSIDE CITY LIMITS?				
	Maryland Prin	ce George	e's	F	orestvi	ille			1 X YES 2 NO				
뒿	10e. STREET AND NUMBER					101. ZIP CODE		10g. CITI	IZEN OF WHAT COUNTRY?				
5	2612 Newglen Ave	nua				2074	7	112	+ 1 C+-+ -				
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. AR	MED	140 1110 0		·		ted States				
[표]	1 Never Married 2 X Married	FORCES?	YES 2 N	Ю			ANIC ORIGIN? (Specify Yes, Puerto Rican, etc.)	s or No—	14. RACE — American Indian, Black, White, etc.				
B	3 Widowed 4 Divorced		WAR OR DATES		1 🗆 Y	ES 2 NO Spec	elly:	- 1	Specify:				
	15. DECEDENT'S ED	WW-2 &			1			!	White				
COMPLETED	(Specify only highest gra-		(Gi	ive kind of w	OSUAL OCCUPA ork done during :	TION most of working	16b. KIND OF BU	SINESS/INC	DUSTRY				
"	Elementary/Secondary (0-12)	College (1-4 or 6	+)	Do NOT us									
₹	8th	0	Mobi	le L	ounge (perator	Airpor	t					
ᅙ	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S N	AME (First, Middle, Maiden	Sumame)					
ш	Armistead N. Bel	1				Pearl	Small						
0	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS (Street		I Route Number, City or Tow	n State Zin	2 Covini				
2	Audrey E. Bell												
. 3									ryland 20747				
1 8	20a, METHOD OF DISPOSITION 1/4 / Burial 2 Cremation 3 Re	noval from State	20b. PLACE A	ND DATE O	F DISPOSITION (Name of	DATE 20c. LO	CATION —	City or Town, Stata				
	4 Donation 5 Other (Specify)		<u> [Md. 'St</u>	ate	Vétérar	is Cem. 1	0-09-94 Ch	elten	ham, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE I				22. NAME	AND ADDRESS OF	eral Home,	T					
	► May Might	5) Brohaw	n M000	153	Tine r	iuniti run	eral Home,	inc.					
	1 art 141	HUKQ	un		P.0.E	ox 156,	Waldorf, Ma	aryla	nd 20604				
	23. PART i. Enter the diseases, post- shock, or heart failure	List only one car	it caused the de	ath. Do n	ot enter the n	node of dying, su	ch aa cardiac or resp	iratory an					
	IMMEDIATE CAUSE (Final	A Car	and Orl Galett Hills	•		,			interval Between Onset and Death				
	disease or condition	1 41	A INA MA	1.0	11-1		110						
1 1	resulting in death)	O. DUE TO	OR AS A CONSEC	UENCE OF	L/ U	u fu	VIC						
_													
CERTIFICATION	Sequentially list conditions,	b	(OR AS A CONSEC	HENCE OF	1.								
F	If any, leading to immediate cause, Enter UNDERLYING		(0.1.10 1. 001.02.0	OLIVOL OF	,								
일	CAUSE (Disease or injury	C	(OR AS A CONSEC										
F	that initiated events resulting in death) LAST	DUE 10	(OH AS A COMSEC	IUENCE OF):								
띪	Tooling in county exist	d											
	PART ii. Other significant condition	ne contribution to	death had and					00.000					
EDICAL	C C		Toesti but hot h	esuiting ii	the Underly	ing ceuse given ii	n Part I. 24e, WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
음	Chrone CI	Souch	we fu	me	Husa	110	1 _ YES 2	X NO	COMPLETION OF CAUSE OF DEATH?				
				T					1 YES 2 NO				
Σ.							_		1 123 2 110				
A	25. WAS CASE REFERRED TO MEDICAL					DI 405 OF DEST							
힐	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C	neck only one)						
ΥS	1 D YES 2 NO	1	ER/Outpatient 3	□ DOA	4 - Nursing H	ome 5 Residence	6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH	28a, DATE Of (Month, E		28b. TIME INJU		NJURY AT YORK?	28d. DESCRIBE HOW	NJURY OC	CURED				
В	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO							
	3 Suicide 6 Could not be	28e. PLACE C	F INJURY — At ho	me, farm, s	lreet, factory, of	fice	28f. LOCATION (Street	and Number	or Rural Route Number,				
世	4 Homicide detarmined	buttoing,	etc. (Specify)				City or Town, State)						
ш	29a. CERTIFIER							_					
_ "	CERTIFYING PHY	ICIAN: To the best of					e to the cause(s) and ma						
P P				rostlaatio	n, in my opinion	death occured at th	e time, data and place, ar	d due to th	ne cause(a) and manner as stated.				
OMP			xamination and/or i										
COMPLETED	one) 2 MEDICAL EXAMI	ER: On the beals of a	xemination and/or i			29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							
BE	one) 2 MEDICAL EXAMI	ER: On the beals of a	xamination and/or i				JMBER /						
ш	29b. SIGNATURE AND TITLE OF CERTIFI	ER: On the beals of a					MBER 1906		ct 7, 1992				
BE	296. SIGNATURE AND TITLE OF CERTIFI	ER: On the basis of a	SE OF DEATH (ITE	4 27) (Type,	Print)	29c. LICENSE NI	1906	▶ 0	ct 7, 1992				
BE	200. SIGNATURE AND TITLE OF CERTIFICATION OF PERSON LOUIS V. Kaufinan	ER: On the basis of a	se of Death (ITE)	27) _{Пуре,} Vard	Print)	29c. LICENSE NI	1906 inton, Mary	▶ 0	ct 7, 1992				
BE	200. SIGNATURE AND TITLE OF CERTIFIED. 30. NAME AND ADDRESS OF PERSON LOUIS V. Kaufinan 31. DATE FILED (Month, Day, Year)	ER: On the basis of a	se of Death (ITE)	27) _{Пуре,} Vard	Print)	29c. LICENSE NI	1906	▶ 0	ct 7, 1992				
BE	200. SIGNATURE AND TITLE OF CERTIFICATION OF PERSON LOUIS V. Kaufinan	ER: On the basis of a	SE OF DEATH (ITE	27) _{Пуре,} Vard	Print)	29c. LICENSE NI	1906	▶ 0	ct 7, 1992				



ĕ		FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H		MENTA	L HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)		No.			2. DATE	OF DEATH			TIME OF DEATH
		Charles	Henry		Bowman		10			2	1:37 A.M
		4. SOCIAL SECURITY NUMBER		rs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.		OF BIRTH	0.	BIRTHPL Country)	ACE (State or Foreign
2		215-64-5553	1 M 2 □ F 37	YRS.			Jul			Vash	ington, D.
3 should	Œ	9e. FACILITY NAME (If not institution, give s				OR LOCATION OF D	EATH		9c. COUNTY	OF DEAT	Н
1, 2, 3	<u>0</u>	Physicians Me	morial Hosp	ital	La P	lata			Char	cles	
lges 1	DIRECTO	10a. STATE 10b. COUNTY			Y, TOWN OR LOCAT	TION				10	d. INSIDE CITY
permit. Pages				Wa	shingto	n, D.C.				1	YES 2 X NO
	FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE			12.62		T COUNTRY?
020 physician. burlal-transit	NE	701 Brandywine St				20032				.S.A	
Mysici vurtal-		1 Never Married 2 Married	12. WAS DECEDENT EVER IN U. FORCES? 1 X YES	2 NO	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexico	in, Puerto		or No- 14	Black, W	American Indian, filte, etc.
215-0020 attending physician, se as the burlal-trar	В	3 🗌 Widowed 4 🗍 Divorced	12/8/1972 12	。 6/1974	1 - YES	2 X NO Specif	y :			Specify:	Black
1215 attend use as	8	15. DECEDENT'S EDU (Specify only highest grade		ia. DECEDENT'S	USUAL OCCUPATION	ON of working	186	KIND OF BUS	SINESS/INDUS	TRY	
21 21 20 20 20 20	LEI I	Elementary/Secondary (0-12)	College (1-4 or 5+)	IHe. Do NOT us	e retired.)	or or working			T.T	1	
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial val.	COMP	12th Grade		Forem	an				ity War	reno	use ————————————————————————————————————
YLA by the be det		17. FATHER'S NAME (First, Middle, Last)	Powman Cr			Marsz		Middle, Maiden	Sumame) But	ler	
RAY ned by build be by the best at	BE	John Walter 19a. INFORMANT'S NAME (Type/Print)	Bowman, Sr		ADDRESS (St	Mary and Number or Rurel					
MAR retained 5 should netified	2	Mary Helen Bowman		110000000000000000000000000000000000000		creek Rd.					20659
ay be		20a, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem			OF DISPOSITION (No		DAT		CATION — Ch		
Octor m		1- Surial 2 Cremation 3 Rem 4 Donation 5 Dother (Specify)	oval from State cemeter	ry, crematory or of			1				aryland
ALTIMOR Jeath, Page 6 m funeral director, xaminer must		21. BIGHATURE OF FUNERAL SERVICE LIC	SHISEE /		22, NAME AN	ND ADDRESS OF FA	CILITY				
BALTIMORE after death. Page 6 may by the funeral director, pa noval. cal examiner must b		Mount th	Kelumons			ingley-G					, P.A. nd 20650
BA nours after of d in by the or removal.		23. PART I. Enter the diseases, or o	complications that caused th	ne death. Do r							Approximate
B o B		shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on each	line.							Interval Between Onset and Death
so, within 24 opletely fille cremation, rent, the		disease or condition	11/1/1/57	120	10 412	3					
760, d within ompletely 1, cremat event,		resulting in death)	DUE TO (OR AS A CO	DISEQUENCE OF	F):	10					
68760, executed with and complete a bunial, crem mattic event	N	Sequentially list conditions,	b	V	•		_				
BOX ate be ex hysiclars a prior to r traum	Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	INSEQUENCE OF	F):						
	문	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	INSEQUENCE OF	F)·						
P.O. In certification of the c	CERTIFICATION	resulting in death) LAST	4		,.						İ
S, de la la la la la la la la la la la la la		DATE II CAN THE INC.								,	
C = 55 = 20	¥.	PART II. Other significant condition	s contributing to death but	not resulting i	in the underlying	g cause given in	Part i.	24a. WAS AN PERFOR	MED?	A	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
0 5 2 6 5	MEDIC							TYPES 2	□ NO		OMPLETION OF CAUSE F DEATH?
RECC equires ben signs of Health	N.									1)	YES 2 NO
S AMERICA	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			00.00	105 05 05 1711 171					
E 知识	2	EXAMINER?	HOSPITAL:	4	OTHER:	LACE OF DEATH (C)					
A 16 9	H	27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetie	28b, TIM		BIRY AT			Stre		
NG PHr fler this eath with		1 Natural 5 Pending	(Month, Day, Year)	11/1	URY WO	YES 2 NO		senge			o/Auto
VDING VDING F. After death	BY BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY -	At home, farm,	EZA.		28f. LOC	ATION (Street	and Number or	Rural Rout	w Number,
NISION R ATTENDING RECTOR: After urs after death m 28 Is ma	TED	4 Homicide determined	building, etc. (Specify)		reet			te 30		2011+	e 234
	COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowledg			and place, and due				THO	E 7.14
HOSPITAL FUNERAL WITHIN 72 I	WO		R: On the besis of examination ar							euse(s) a	nd manner as stated.
E FUN d with		29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU	MBER		29d, DATE S	IGNED (M	orith, Day, Year)
TO THE HOSPITAL TO THE FUNERAL De filed within 72 t) BE	- m	~000k								1992
	2	30. MAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print)	0.0	MF				
		HWorks	11	1 Penr	Stree	t, Bali	timo	re, M	laryla	and	21201
a		31. DAD'E FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	n-Randal	2						

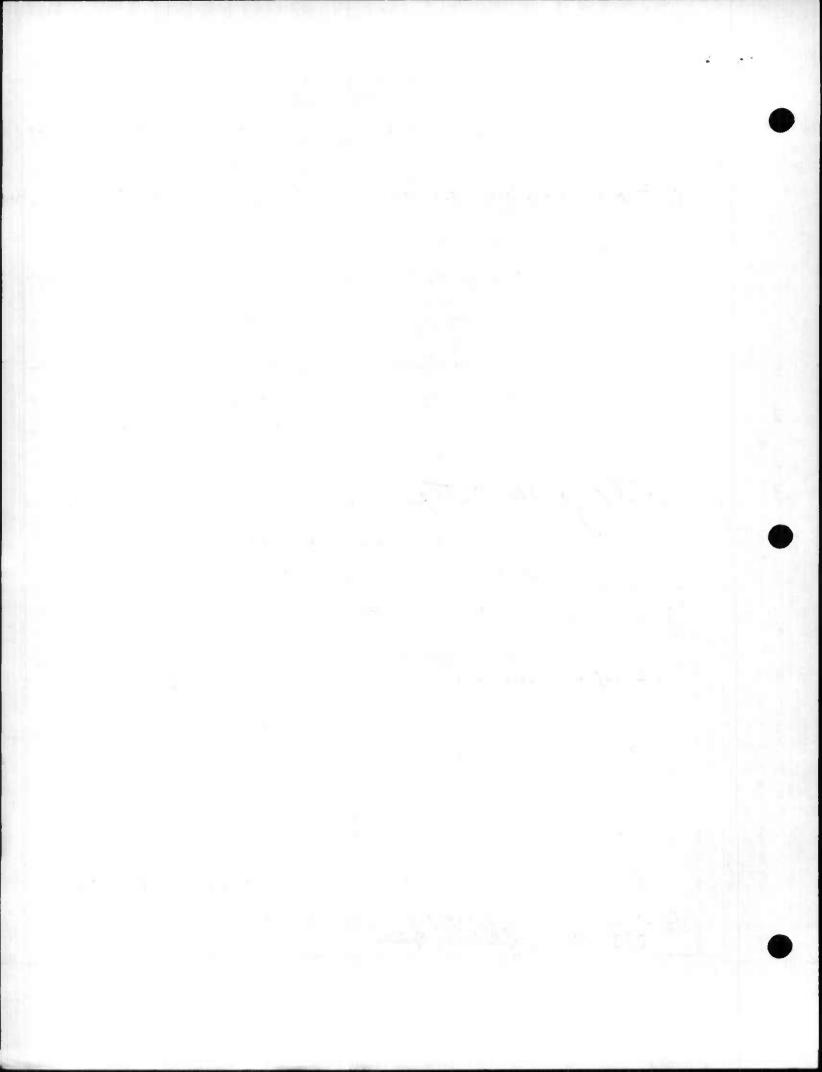
DHMH-16 Rev 1/89



TO THE HOSPITAL ON HITE AND PHYLICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours and authorism the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT, if them 28 is married, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

R ATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
GISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	DARVI.	Bon	K1		2. DATE OF DEATH DO	2 0	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 169-12-1916	1 □ M 2 X F 71	n yrs. last birthday) IF U		F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 1-13-19		BIRTNPLACE (State or Foreign Country) Maryland
TOR	90. FACILITY NAME (If not institution, give etc. SOUTHERN MARKET PRESIDENCE OF DECEDENT	Ry LAND H		CLIA	TION	EATN	PRIN	YOF GEORGE
DIRECTOR	Maryland Prince 100. STREET AND NUMBER	ce Georges		MN OR LOCATIO				10d. INSIDE CITY LIMITS? 1 \(\sum \) YES 2 \(\sum \) NO
FUNERAL	4705 A Homer				20746		U.S	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 VNO	If yes, speci	DENT OF HISPAN ty Cuben, Mexica X NO Specify	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No 14.	. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) Cotlege (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir	one during most i	of working	16b, KIND OF BUS	SINESS/INDUS	
OMO	12th 17. FATHER'S NAME (First, Middle, Last)		Bookeepe			Privat		lustry
	Bernard Brise	200		1	Ruth	ME (First, Middle, Meiden	Surname)	
) BE	19a. INFORMANT'S NAME (Type/Print)	206	19b. MAILING ADD	RESS (Street end		REITY Poute Number, City or Tow	n, State, Zip Co	ide)
5	Gwendolyn John	ison	13106	Marti	n Rd.	Brandywi	ne. M	d. 20613
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State 20b.	PLACE AND DATE OF DIS etery, cremetory or other pl 1 rist Chy	POSITION/Nama	of	DATE 200 10		or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AND	ADDRESS OF FA	ral Home		
	Llayd	m. Es	tep)	2060	5 Aqua	sco Road	Апна	sco Rd 20608
	23. PART I. Enter the disease, or conclude the shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	CERE BI	ich line.	ntar the mode	of dying, sucl	h aa cardiac or reapi	ratory arreat	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ATHEROSO DUE TO (OR AS A HYDER	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):		oVAScu	UR Disse	ASE	
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions ARD; c m	contributing to death bu	at not resulting in the	underlying c	ause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLAC	E OF DEATH (Che	ack only one)		
Sic		HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outpe		HER: Nursing Nome	5 🗆 Residence	8 D Other (Specify)		
ВУ РН	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJUR WORK 1 YES		28d. DESCRIBE NOW II	NJURY OCCUR	ED
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	At home, farm, street,	factory, office		281. LOCATION (Street e City or Town, State)	and Number or I	Rural Route Number,
COMPLETED		IAN: To the best of my knowle On the bacle of exemination						euse(e) end menner ee stated.
BE	296, SIGNATURE 300 STLEED CERTIFIER	h Early	NOFACI	Fal "	D 2	18ER >74U		GNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO RAN SAMTANING	COMPLETED CAUSE OF GEA	TN (ITEM 27) (Type, Print)	RO	CUM	70H M	020	735
	OCT 1 4 92	32. REGISTRAR'S SIGNA June David	Son-Randelle					



	st permit. Pages 1, 2, 3 should
LAND 21215-0020 the hospital or attending physician.	detached tot use as the burial-tran
BALTIMORE, MARYLAND 21215-0020 SCOut. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The Sam Dept. of Health and Mental Hydrone prior to burial, cremation, or removal. The same perior of the buriar and Mental Hydrone prior to burial, cremation, or removal. The same same same injury, or other traumatic event, the medical examiner must be notified at once.
O. BOX 68760, errificate be executed within 24 hours	in 15 State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DEVITAL RECORDS, P.O. BOX 68760, include the requires that the death certificate be executed within 24 https://doi.org/10.1001/j.j.ch.1001	Sate Dept. of Health and Mental Hy
DIVISION OF TO THE HOSPITAL OR ATTENDING PRINCIPAL TO THE KINERAL DIRECTOR	be fled within 72 hours after the man within 12 hours after the man within 14 hours after the man within 15 hours after the ma

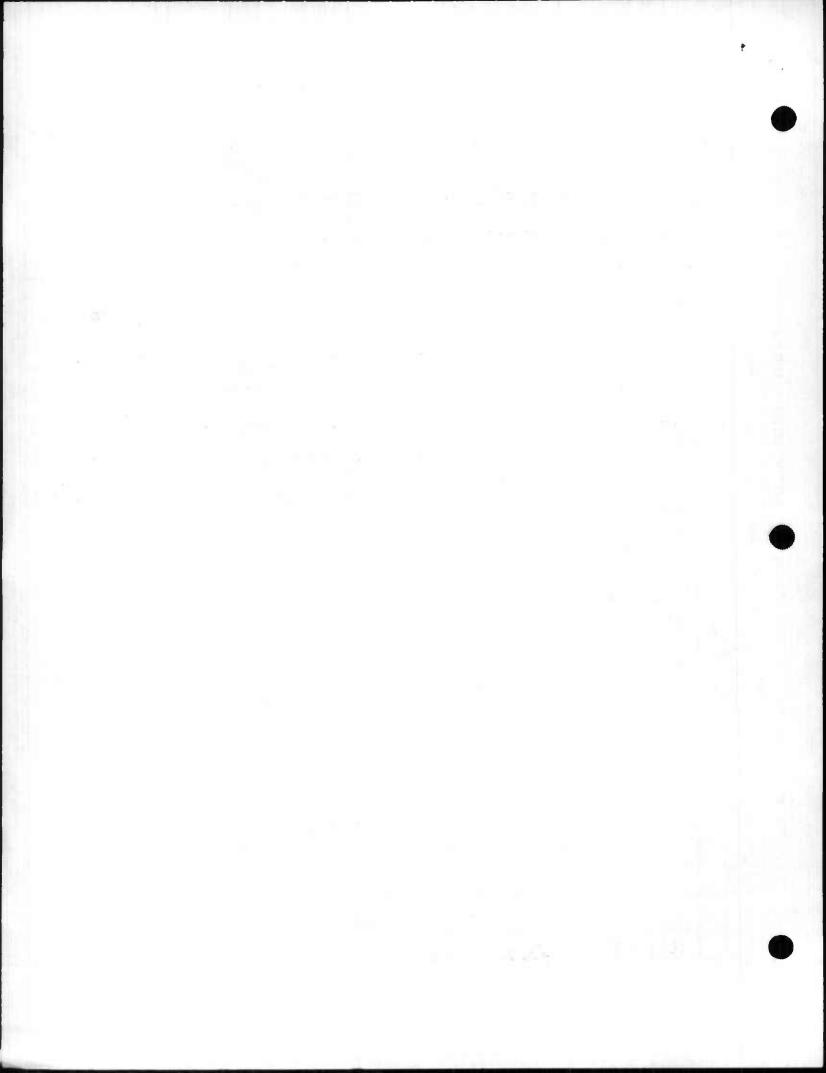
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RIMENT OF	HEALTH AND	MENTAL HYGIEN		. 5 0 0 0
	1. DECEDENT'S NAME (First, Middle, Last) ELSIE	INIBOLY	ROHN			2. DATE OF DEATH	1992 Q YEAR	3. TIME OF DEATH 8 80PM . M
	216-16-4551	FEMALE	n yrs. last birthday) 98 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 0//22/94	NARY	HPLACE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give stree BALTIMORE COUNTY GE RESIDENCE OF DECEDENT	·		96. CITY, TOWN RANDAL	LSTOWN	DEATH	9c. COUNTY OF DEBALTIMON	
DIRECTOR	10a. STATE 10b. COUNTY		BAL	TIMORE CO	TION			10d. WISTOR CITY UNITS? 1 YES 2 NO
FUNERAL	3314 MENLO DRIVE			10	1. ZIP CODE 2121	.5	10g. CITIZEN OF	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 12 Doberoed	PORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If you a		ANIC ORIGIN? (Specify Years, Puerto Rican, etc.)	Blac	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	npleted) College (1-4 or 6+)	16e. DECEDENT'S (Give kind of wife. Do NOT us) HOUSEWII		ON ost of working	16b, KIND OF BUS	SINESS/INDUSTRY	
MO	17. FATHER'S NAME (First, Middle, Last)		HOOSEWII		18 MOTHER'S N	AME (First, Middle, Malden		
BE C	WILLIAM H. BIRELY				200	LIE MAY ECK	,	
TO B	19e, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Town		
F	KENNETH W. BOHN		B314 M	ENLO DR.	BA	ALTIMORE	MD	21215
	20e. METHOD OF DISPOSITION BURTA 1 Burlel 2 Cremation 3 Remova 4 Donation 6 Other (Specify)	Trom State 20b.	PLACE AND DATE OF A PLACE	CEMETER	Y	10/10 UN	CATION — City or To ION BRID	GE, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /	10	22. NAME A		ACILITY D. D.		& SONS
	atharine	V. Xar.	Der		UNION	BRIDGE, MD		
	23. PART-I. Enter the diseases, or com shock, or heart feliure. Lie	plications that caused	the death. Do r	not enter the mo	ds of dying, su	ch as cardiac or respi	ratory arrest,	Approximets
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Seps	Sis	Fi:				Interval Batween Onset and Death
NOL	Sequentially list conditions, if any, leading to immediate	G-Megai	tve !	premi	nice	and		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	regative or	e Wi	newy t	ract infe	ectiv	
E	d							
DICAL	OAtlorschotic	ontributing to deeth by	it not reaulting i	in the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
N: MEDIC	(3) Concestive	ain syne	silve					OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (C	heck only one)		
YSI	1 YES 2 ND 1	☐ Inpatient 2 ☐ ER/Outpa			e 5 🗆 Residence	6 Other (Specify)		
ву Рн	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY WO	URY AT PRK? VES 2 ND	284. DESCRIBE HOW II	NURY OCCURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Special	At home, farm, e	street, factory, offic		281. LOCATION (Street a City or Town, State)	nd Number or Rural F	loute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: C	N: To the best of my knowle on the basis of examination	edge, death occurre	nd at the lime, date	and place, and du	e to the cause(s) and man	ner as stated, d due to the ceuse(s) end manner as stated,
TO BE	296. SIGNARUBE AND TITLE OF CENTIFIER	W-D			D38	MBER 82	29d. DATE SIGNED 10 1	(Month, Day, Year) 7192
F	30. HAME AND ADDRESS OF PERSON WIND CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Coun ?	4 6	nerul H	Spita	0
	31. DAYSCHED (MONTS 092")	SE REGISTRAR'S SIGNA	Aandalle.	/				

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F	8	9	28	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The two majores, that has dearn confincate be executed within 24 hours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been some of the completely filled in by the funeral directors and completely filled in by the funeral directors and completely filled in by the funeral directors.	be med within 12 inclus are deady with the State firm of the property of property of removal.	IMPORTANT: If item 28 is marked, or item 23 shows any mury or other traumatic event, the medical examiner mu	
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OCT

3 '92

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF I		MENTAL HYGIEN		6 65001
	1. DECEDENT'S NAME (First, Middle, Last)	Rinam		OATE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		rs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) April 19,		BIRTHPLACE (State or Foreign Country) Maryland
	9a. FACILITY NAME (If not institution, give atree		,0	96. CITY, TOWN	OR LOCATION OF E			Y OF DEATH
DIRECTOR	Baltimore County (General Hosp.		Randa	11stown		Balt	timore
RE	10e. STATE 10b. COUNTY			TOWN OR LOCA				10d, INSIDE CITY LIMITS?
	Maryland Bal	ltimore	F	leisters				1 TYES 2 TONO
FUNERAL				10	f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
N.	19 Caraway Road	2. WAS DECEDENT EVER IN U.	S ADMED	42 100 050	21136			USA
	1 Never Married 2 Married	FORCES? 1 YES 2	X NO	If yes, sp	ecify Cuban, Mexic	NIC ORIGIN? (Specify Yes	8 or No.— 14	4. RACE — American Indian, Black, White, etc.
84	3 Widowed 4 Divorced	. They dive that on bare.		1 1 1 1 1 1 1 1	2 ND Spec	ny:		Specify: White
TED	15. DECEDENT'S EDUCAT (Specify only highest grade co		e. DECEDENT'S ((Give kind of w	JSUAL OCCUPATION done during mo	ON ost of working	166, KIND OF BU	SINESS/INDUS	STRY
12		College (1-4 or 5+)				TYOPA O	_	
COMPLET	12. 17. FATHER'S NAME (First, Middle, Last)		UIIICE	Worker				rance Co.
ECC	Adolf Bloom					AME (First, Middle, Maiden Neiman	Sumame)	
00	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street a		Route Number, City or Tow	rn. Stefn. Zip Co	ode)
2	Morton Bloom					more, Md.	21215	
	20a. METHOD OF DISPOSITION 1 [X] Burlel 2 [Cremetion 3 [Remove	20b. PL	ACEANDDATEO	F DISPOSITION (Ne			CATION — CH	y or Town, State
	4 Donation 6 Other (Specify)	Eve	y, cremetory or oth rgreen	Mem. Ga	rdens	10-9 Fi	nksbui	rg, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE /	٠	22. NAME AI	NO ADDRESS OF F		Poiste	erstown Rd.
Ш	xams V	Lun	u	Eline	Funeral			town, Md.21136
	25. PART I. Enter the diseases, or conshock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	nplications that caused that only one cause on each	Car	ot enter the mo	da of dying, suc	ch as cardlec or reap	ratory arres	it, Approximate Interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Diesee or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	l La ply Ce	ilen	e to	truino bably:	0.	ets
0	PART II. Other algolificant conditions of	contributing to death but a	ot resulting is	the underlyle		201		
: MEDION	history o	Chorne	ie d	betu	lino	Part I. 24a. WAS AN PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	teck only one)		
Sic		OSPITAL: Sinpatient 2 ER/Outpaties		OTHER:		6 Other (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH Natural 5 Pending Investigation	28a, DATE DF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ		28d. OESCRIBE HOW II	NJURY OCCUP	RED
ETED 8	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — A building, atc. (Specify)	At home, ferm, st	reet, factory, office		281. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: 0	N: To the best of my knowledge On the besis of examination and	e, death occurred	at the time, date	and place, and due	to the cause(a) and man	ner as stated.	suse(a) and menner as stated.
	296. SIGNATURE AND TYPLE DF CERTIFIER	6.			29c. LICENSE NU			IGNEO (Marth, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WHO C	DMPLETED CAUSEDS DEATH	(ITEM 27) /Email	brint)	082	112	10	1.10-
	5310 00	CARAL	Rd	" Kar	dall	Stown 1	MD	2113?
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	1-61			-GWYG I		1100



FOR STATE REGISTRAR

1 -

TO THE HOSPITAL OR ATTENDING PRINCIPLY THE ADMINISTRATE AND ADMINISTRATED TO THE HOSPITAL OR ATTENDING Physician.

TO THE FUNERAL DIRECTOR: A partie of the property of the property filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after them with the page of them and Mental Indians part to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or now section in the page of the

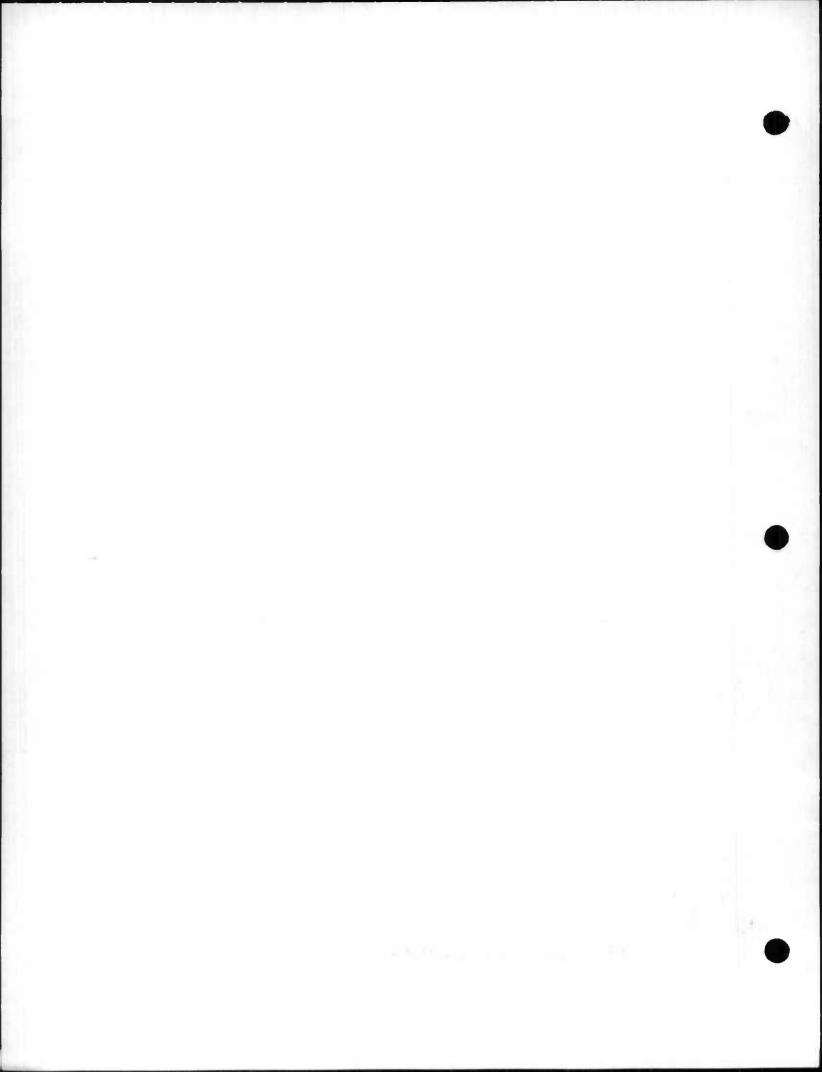
	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
)		2. DATE OF DEATH	

ŀ	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
			Ruth C	. Brow	vn					10/9/9		Figure	11:55 n M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In	yrs. last birthday)		R 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or Foreign
	216-14-065	Ω	1 □ M 2√√€	60	9 YRS.	MONTHS	DAYS	HOURS	MIN.	01/16/23			ltimare City
ı	9a. FACILITY NAME (If not in	nstitution, give a	reet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE		9c. COL	NTY OF E	DEATH
DIRECTOR	634 Main S	treet				Re	iste	rsto	wn		Bal	timo	re Co.
۲ ا	10a. STATE	10b. COUNTY	,		10c, CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
Ĕ	Md	Ral.	timore Co	a	Pai	ston	stou	ha					LIMITS? 1 YES 2 XXNO
	10e. STREET AND NUMBER		comore co	J •	INEC	siei		f. ZIP COD	E		10a, CI1	IZEN OF	WHAT COUNTRY?
2	634 Main S	troot						2113	6		us	A	
BY FUNEHAL	11. MARITAL STATUS	00000	12. WAS DECEDEN	IT EVER IN U	I.S. ARMED	13.	. WAS DEC			IIC ORIGIN? (Specify)			E — American Indian.
۲	1 Never Married 2	Married	FORCES? 1	YES	2 T 100		If yes, sp		nn, Maxica	n, Puerto Ricen, stc.)		Blac	E — American Indian, ik, White, etc.
<u> </u>	3 Widowed 4 Dive	orced	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WIT OIL DAIL			10 12	J Z AL INO	opeon	,.		wh	ite
EIED	16. DEC	CEDENT'S EDU	CATION	1	6a. DECEDENT'S					16b. KIND OF B	USINESS/IN	DUSTRY	
4	Elementary/Secondary (College (1-4 or 5	+)	life. Do NOT u	se retired.)	DEL OF MON	10				
1	12				Housew.	ife							
COMPL	17. FATHER'S NAME (First, A	Hiddle, Lest)						16. MOT	HER'S NA	ME (First, Middle, Maide	n Surname)		
BE	Lawrei	nce Pa	rks						Ann	ie Nash			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	SS (Street	and Numbe	r or Rural	Route Number, City or To	wn, State, Z	ip Code)	
=	Roland M. 1	Brown			634	Main	Str	eet.	Rei	sterstown	. MD	211	36
	20a, METHOD OF DISPOSIT 1 ☐ Burial 23/23/Crematic	TION	oursi from State	20b. F	PLACE OF DISPO	SITION (A	lame of ce	metery, cre	matory or	20c. I	OCATION -	- City or T	own, State
	4 Donation 5 Other	r (Specify)	- TOM State			oll	Crem	natio	n Se	rvice Ha	mpste	ad.	MD
	21, BIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE	0		22	. NAME A	ND ADDRE	SS OF FA	CILITY 11	824 R	eist.	erstown Rd
	Mama	13	01	m.		E	line	. Fun	eral				n, MD 21136
	23. PAHT I. Enter the d	diseeses, or o	complications the	et caused t	the death. Do								Approximats
- 1	MMEDIATE CAUSE (FI		List only one ce										interval Between Onset and Death
	disease or condition resulting in death)	\rightarrow	W	letas	totic	ado	nac	CACCER	roma	of Cok	~		11/2 yes
	rooding in dodain,		DUE TO	OR AS A C	ONSEQUENCE O	OF):				•			
Z	Sequentially list condi-	tions	b										
CERTIFICATION	if any, leading to imme	ediate	DUE TO	OR AS A C	ONSEQUENCE C	OF):							
3	cause, Enter UNDERLY CAUSE (Disease or inju		C	MOD AR A C	ONSEQUENCE O	MEN.							
Ē	that initiated events resulting in death) LAS	sт П	DOE TO	ON AS A C	ONSEGUENCE	r):							į l
Ė.			d										
	PART II. Other algnific	ant condition	s contributing to	deeth but	not resulting	In the u	ınderiyir	ng ceuse	given in	Part I. 24e. WAS	AN AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICA	Hyparte	mich								1 □ YES		·	COMPLETION OF CAUSE OF DEATH?
													1 YES 2 JAG
1													
1	25. WAS CASE REFERRED 'EXAMINER?	TO MEDICAL						PLACE OF	DEATH (C	neck only one)			
PHYSICHME	1 YES 2 NO		HOSPITAL:	☐ ER/Outpat	tient 3 🗆 DOA	4 N		me 6 ET	lasidence	6 ☐ Other (Specify)			
É	27. MANNER OF DEATH		26a. DATE O	F INJURY Day, Year)	26b. TII	ME OF	28c. IN	JURY AT		28d. DESCRIBE HO	O YRULNI V	CCURED	
PY.	1 Netural 5 2 Accident	Pending Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		М		YES 2	□ NO				
	a D Cutatda	Could not be	28e. PLACE building	OF INJURY -	At home, ferm,	street, fa	ctory, offi	lea		26f. LOCATION (Stre City or Town, Str		er or Rural	Route Number,
4	4 Homicide	determined	-								/		
	29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	of my knowle	dge, death occur	red at the	time, dat	te and plac	e, and du	n to the cause(a) and r	nanner as si	ated.	
COMPLETED	one) —	DICAL EXAMINE	R: On the basis of	exemination	and/or investigati	lon, in my	opinion,	death occ	ured at the	time, data and place,	and due to	the cause	(a) and manner as atated.
_	29b. SIGNATURE AND TITL	E OF CERTIFIE	R					29c. LIC	CENSE NU	MBER	29d. D/	TE SIGNE	D (Month, Day, Year)
뭐	Co-	- A	ma.	60-					2504				12-1992
2	30. NAME AND ADDRESS C	OF PERSON WI	O COMPLETED CAL	USE OF DEAT	TH (ITEM 27) (Typ	e, Print)				_			
	Gary A. Mo						tons	town	. MD	21136			
	31. DATE FILED (Month, Day	(Year)	32. REGISTR	AR'S SIGNAT	TURE			- 550011	, 1110	-,,,,,			
	OCT 1 3 '9	32	Lulia Do	in the second	70 . d as								
	- / 0	Time .	Trans.	A STATE AND	212-0-7-0-7-7								

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BALTIMORE, MARYLAND 21215-0020 sifer death. Page 6 may be retained by the hospital or attending physician. y the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be examiner must be notified at once.
DIVISION OF VITAL RECORDS. P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that in death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has be required by the innertal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept. It is any purity, or other traumatic event, the medical examiner must be notified at once.

							J 1.	29603
_	1 - STATE REGISTRAR	STATE OF MARY	OFFICE	IOATE 4	F HEALTH AND OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Las CHAPLES	CHARLES GRAN	BAST, SI	BA	57	2. DATE OF DEATH	5 9	YEAR 12:35 M
	4. SOCIAL SECURITY NUMBER 218 26 0576	5. SEX 6. AGE	(In yrs. last birthday) 63 YRS.	IF UNDER 1 YE	AR IF UNDER 24 HRS. YS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 8-10-29	8.	BIRTNPLACE (State or Foreign Country)
_	9a. FACILITY NAME (If not institution, give			9b. CITY, TO	WN OR LOCATION OF C		9c. COUNTY	MD y of death
TOF.	Anne Arundel Med	ical Center		An	napolis		Anne	Arundel
DIRECTOR	10a. STATE 10b. COUN	e Arundel		ady S				10d. INSIDE CITY LIMITS? 1 YES 2 NO
- 1	100. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
FUNERAL	1220 Bast Lane			l les sous		764 	USA	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 🖾 YES IF YES, GIVE WAR OR 1948 - 195	2 NO	If yo	Specify Cuben, Maxic YES 2 NO Speci		B or No — 14	I. RACE — American Indian, Black, White, atc. Specify: White
TED	15. DECEOENT'S EC (Specify only highest gra-		18a. DECEDENT'S (Give kind of	work done durin	PATION g most of working	16b. KIND OF BU	SINESS/INDUS	STRY
APLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	cable m		ance tech.	teleph	one co	ompany
COMPL	17. FATHER'S NAME (First, Middle, Last)	1. 5.				AME (First, Middle, Maiden		
8	Charles Frederi 19a. INFORMANT'S NAME (Type/Print)	ck Bast	19h MAII ING	ADDRESS (St		Stelle Arl	bary	
9	Paul R. Bast							n, MD 20732
	20e. METNOD OF DISPOSITION 1 ☐ Burlel 2 1 Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State 20	b. PLACE AND DATE metery, cremetory or o	OF DISPOSITIO	ematory 10			y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE I		ecropolit		E AND ADDRESS OF F		xandria	a, VA
	▶ Olliam R	Then-						ngs, MD 20736
	23. PART I. Enter the disesses of shock, or heer failure IMMEDIATE CAUSE (Final disesse or condition resulting in death)	. INTR	escn line.	EBA				t, Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OUE TO (OR AS C. A THENCE DUE TO (OR AS	A CONSEQUENCE O	not c	c can	0101150	um	DISONE
MEDICAL	PART II, Other significent condition	one contributing to desth	but not regulting	in the under	lying cause given in	Part I. 24a. WAS AN PERFOI	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH (C)	neck only one)		
HYS	1 YES 2 NO 27. MANNER OF DEATN	28a. DATE OF INJURY	patient 3 DOA 28b, TIM	4 - Nursing	Home 5 Residence			
ву Рі	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY	WORK?	28d. DEŞCRIBE HOW I	NJURY OCCUR	RED
111	3 Suicide 8 Could not be 4 Homtoide detarmined	28s. PLACE OF INJUR building, etc. (Spe	Y — Al home, term, i	atreet, factory,	offica	28t. LOCATION (Street City or Town, State)	and Number or i	Rurel Route Number,
COMPLETED		SICIAN: To the best of my know						
ш	29b. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE NU			IGNED (Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	FATH (ITEM 27) (Type	Print	0337	57	10	-7-92
	CHAMIES A.	SGAGGA	26986	SV.NS	UA FAY	M ROAK) An	NOLD
	OCT - 9 19	92 Filia David	son-Randell					
		7						



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The entiting purpose the executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR After this certificate in the second of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dear of Health and Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows by Infury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

Figure 1. In strending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the manufactual Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE						F																
1. OECEDENT'S NAME (First, Middle, Last) Clarence	Estes			BA	LLA	RD Jr		2. DATE OF MONTH OCTOD	DA		YEAR 92	3. TIME OF OEATH												
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		8. BIRTH	IPLACE (State or Foreign												
439-05-8991	1 🔯 M 2 🗌 F	75	YRS.	MONTHS	DAYS	HOURS	MPN.	7-28-			Mics	w Sissippi												
9a. FACILITY NAME (If not institution, give :	street and number)		-	9b. CITY,	TOWN C	R LOCATIO	ON OF DE		1	9c. COU	NTY OF C													
Calvert Memoria	1 Hospita	1				Frede					Calve													
RESIDENCE OF DECEDENT	r nobpreu.			LLAI	ice i	rede	EL IC.				-alve	ELC												
10s. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY												
MD C	Calvert						1-					LIMITS?												
	Laiveit		C	hesa								1 TES 2 P NO												
10e. STREET AND NUMBER					101	ZIP CODE	E			10g. CIT	IZEN OF	VHAT COUNTRY?												
3800 Bayside Roa	d				2	0732				USA	Δ													
11. MARITAL STATUS	12. WAS DECEDENT			13. V	MAS DEC	ENDENT O	F NISPAN	VIC ORIGIN? (S	pecify Yes			E — American Indian, k, White, etc.												
1 Never Married 2 Married	FORCES? 1	YES 2 N	0	l II	f yes, sp	2 NO	n, Mexica	n, Puerto Rice	n, etc.)															
3 Widowed 4 Divorced	WWII	IN ON BAIES		Ι,	1 153	2 EN MO	Specin	γ:			Spec													
15. OECEOENT'S EDU		16a DEC	FOENTS	USUAL OC	CHIBATIC	W.		485 MM	ID OF BUS	MESO WIE		ite												
(Specify only highest grade	completed)	(GA	e kind of	work done o	during mo	st of working	g	100, 101	ID OF BUS	IME 22 / IME	DUSTRY													
Elementary/Secondary (0-12)	College (1-4 or 5 +)																							
11		Bil	lling	cle	rk			Who	lesal	e pl	umbi	ngsupply												
17. FATHER'S NAME (First, Middle, Lest)						ts. MOTH	NER'S NA	ME (First, Midd	le, Maiden S	Sumame)														
Clarence Estes	Ballard, S	Sr.				D	ehli	la		DeCo	ux													
19s. INFORMANT'S NAME (Type/Print)		196	MAILINO	AODRESS	(Street a	nd Number	or Rural I	Route Number, (City or Town	State Zic	Code1													
Regina Miller Fe	11er Balla			as #					,		, 5556,													
20e. METNOD OF DISPOSITION	itel Daile							-T-																
1 💢 Burlet 2 🗆 Cremetion 3 🗆 Rem	noval trom State	20b. PLACE A cemetery, cren	natory or o	ther place!				DATE		CATION —														
4 Donation 5 Other (Specify)		MD Ve	tera	ns Ce	mete	ery	10-	-14-92	Che1	tenh	am,	MD												
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. 1	NAME AN	D ADDRES	SS OF FA	CILITY	-															
> /1 /10 - 4	2 96			Da.	neak	Fun	eral	L Home	D A	. Ow	inas	, MD												
				IΛα	usci	run	CTM	L HOME	, F • D		11190													
23. PART I. Enter the diseases, or abook, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one caus	e on aech line.		not enter	the mo	de of dyl	ng, suc	h aa cardlac	or reapir		_	Approximata Interval Betwe												
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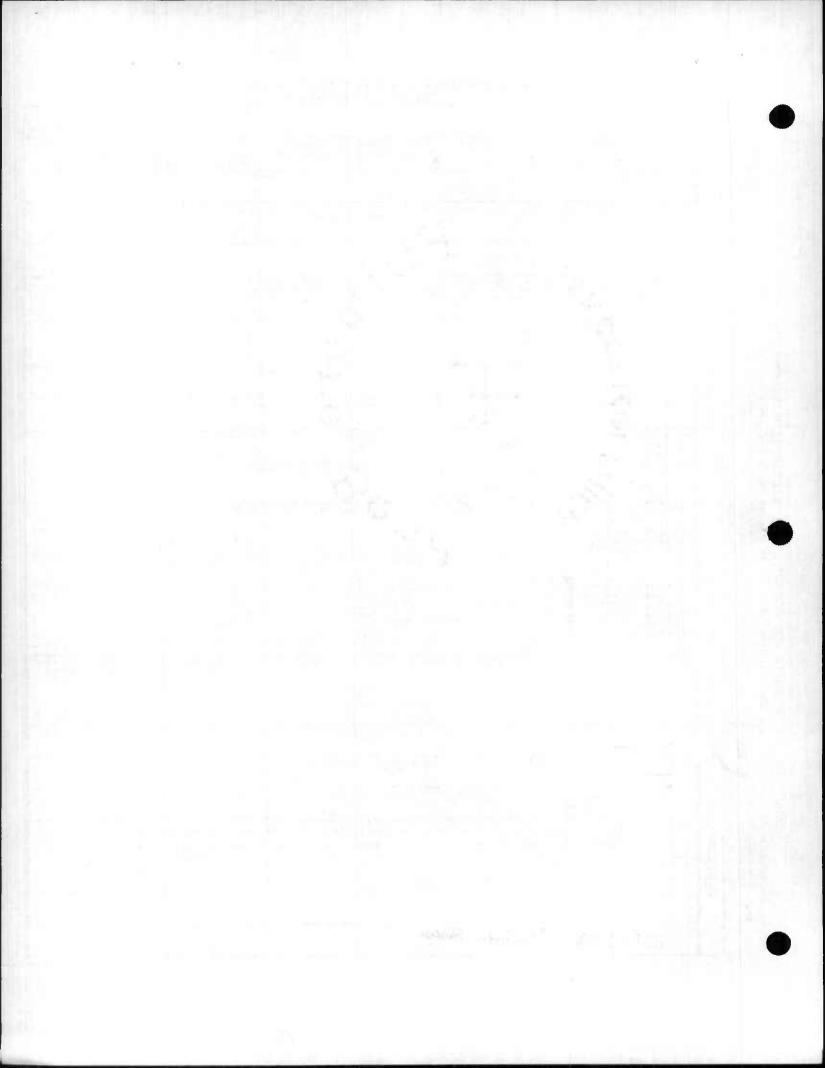
10+

TO THE HOSPITAL OR ATTENDING PROBLEM IN The requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After confident the been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death and the filled by the attending physician prior to burial, cremation, or removal.

IMPORTANT: If them 28 is manned, or team 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760, 5

	1. DECEDENTUS NAME (Firs		ancis BRADY	, Sr. (CERTIF	ICATE	OF D	PEAT	H	REG. N	10.		
	Charles F Bla			de Sr.				MONTH DAY YEAR			3. TIME OF DEATH		
	213-22		5. SEX	6. AGE (In yrs.	vrs.	IF UNDER		IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	2.1	Carret	PLACE (State or Foleign
OR	9a. FACILITY NAME (if not institution, give street and number) Anne Arundel Medical Center					TOWN OR apoli		ON OF DEA	ATH		UNTY OF D		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY								104 INSIDE CITY	
	MD	Calv	vert		Owings								LIMITS?
COMPLETED BY FUNERAL	10. STREET AND NUMBER 2175 Chaneyville Rd.					Ζ,		1 P CODE			-	USA	HAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE			YES 2	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify No Hispanic Origins) 1 Yes, specify Cuban, Mexican, Puerto Rican, etc. 1 YES 2 140 Specify:					, Puerto Rican, etc.)	y Yes or No— 14. RACE — American Indian, Black, White, etc. Weed to		
	(Specify only highest grade completed)			DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the Do NOT use retired.) Farmer Agriculture									
BE CON	17. FATHER'S NAME (First, Middle, Leat) Joseph Thomas Brady 18. MOTHER'S NAME (First, Middle, Maiden Surname) Addie Rebecca Grierson												
10	Charles F		y, Jr.	16.7	196 MAILING	enn A	S (Street and AVE.,	Number 6 Edg	or Aural A jewat	cer, MD	6wn, State, 2 21037	(ip Code)	
	20a. METHOD OF DISPOSITION 1												
	22. NAME AND ADDRESS OF FACILITY 20736 Rausch Funeral Home, PA Owings, MD												
CATION	23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Description of the mode of dying, such as cardiac or respiratory arrest, above the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, and the mode of dying, and												
CERTIFICATION	CAUSE (Disease or injuthat initieted events resulting in death) LAS	T	· (Rt) (4	CONSPOUENCE OF): Frichel								
CIAN: MEDICAL	PART II. Other signification		a contributing to	death but no	t resulting	in the un	derlying c	ause gi	iven in F	Part I. 24a. WAS. PERF 1 VES	AN AUTOPST	34h	WERE AUTOPSY PROMISE AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2												
D BY PHYSI	27. MANNER OF DEATH 28a. DATE OF INJURY (Mooth Del Your) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28c. PLACE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28d. DE												
COMPLETE	4 Homicide Homicid												
		ICAL EXAMINE	SR: On the basis of a				pinion, deat	th occurs		ime, date and place,	and due to	the cause(s	and manner as stated.
10 BK	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAN	SE OF DEATH (IT	EM 27) (1/50)	pto)	1) 3	26	29	•	10	3/92
ł	31. DATE FILED (Month, Day)	1002	22. REGISTRA	A'S BIOMATURE	682		-	-	_				-



BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760, DIVISION OF VITAL TO THE HOSPITAL OR ATTENDING PH SIGGET BE IN THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with hospital copy iMPORTANT: If Hem 28 is marked, or Hem 23

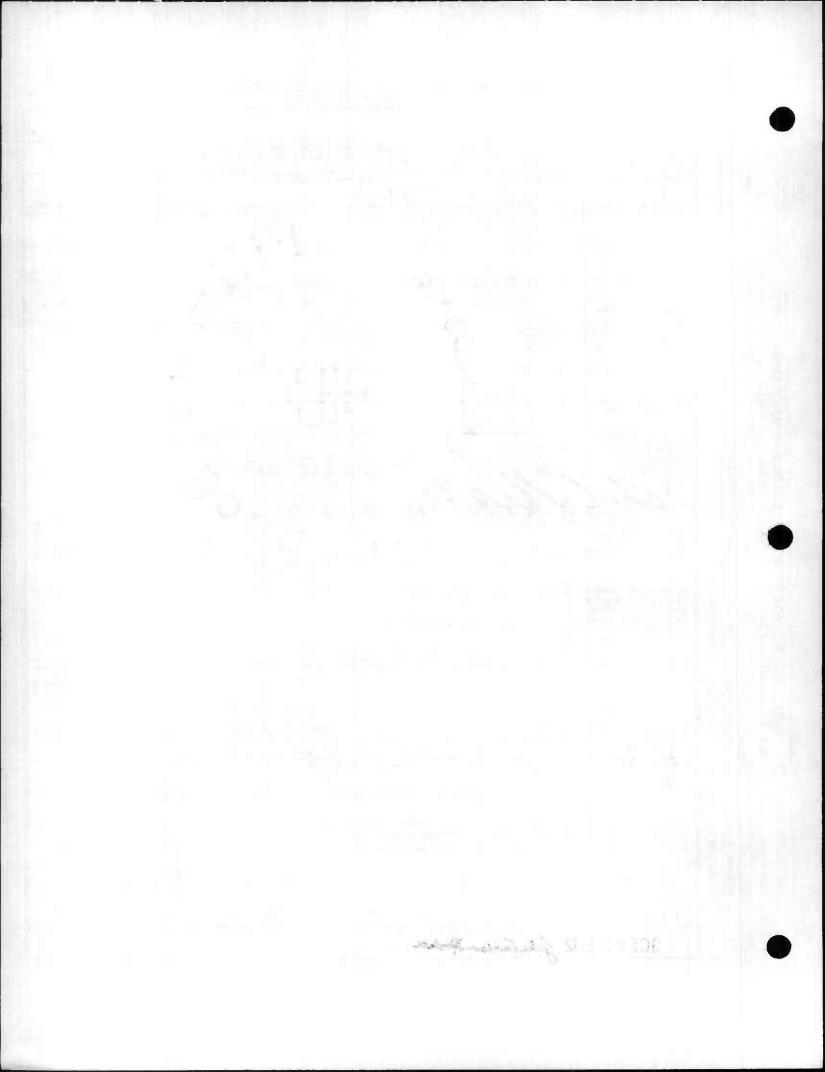
		I DEGEDENT O MANNE (NO.
	1	Ruth
		4. SOCIAL SECURITY NUMBER
		214-05-1
		9a. FACILITY NAME (If not in
	S.	211 McKe
	5	RESIDENCE OF DEC
	BY FUNERAL DIRECTOR	MD
	AL	100. STREET AND NUMBER
	띮	211 Mc
	5	11. MARITAL STATUS
	BY F	1 Never Married 2 1 3 Widowed 4 Divo
	TED	15, DEC (Specify onl
	COMPLETED	Elementary/Secondary (6
once	0	17. FATHER'S NAME (First, M
TE	BE C	Charles
Med	TO B	19a. INFORMANT'S NAME (7
9 10	1	Dorothy
must b		20s. METHOD OF DISPOSIT 1 Baylel 2 Crematic 4 Donation 5 Other
miner		21. SIGNATURE OF FUNERA
exa		the
dical		23, PART I. Enter tha d
the me		shock, or h IMMEDIATE CAUSE (Fir disease or condition
event,		resulting in death)
them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	SICIAN: MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in deeth) LAS
/ Injury, c	AL CE	PART II. Other significa
ows amy	MEDIC	
3 sh	ä	
Item 2	ICIA	25. WAS CASE REFERRED TO EXAMINER?
-	10	1 VEG 2 THE NO

FOR STATE REGISTRAR

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Leet) Ruthard Charles Basil									2. DATE OF OEATH MONZH 1003			3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-05-1120		5. SEX 6. AGE (In yrs. les				1 YEAR DAYS			7. DATE OF BIRTH (Month, Day, Vear)		8. BIRTNPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not in	11				OR LOCAT	ION OF DE	08-15-15			ryland			
TOR	211 McKendree Avenue						Pb. CITY, TOWN OR LOCATION OF DEATH Annapolis			-Ain	Anne Arundel			
DIRECTOR	10a. STATE 10b. COUNTY MD Anne Arundel				10c. CITY, TOWN OR LOCATION Annapolis						10d. INSIDE CITY LIMITS?			
	10s. STREET AND NUMBER					101, ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?			
FRA	211 McKendree Avenue				21401				1		SA	THAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 TYPES 2 IF YES, GIVE WAR OR DATES					If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 No Specify:								
	WWII & KOYE 15. DECEDENT'S EDUCATION 16a. DE					DENT'S LIGHTLE OCCUPATION					INESS/INDI	STRY		
COMPLETED	Elementary/Secondary (C 1 2	y highest grade 3-12)	College (1-4 or 5	+) (G	ive kind of . Do NOT u	work done recired.)	during mo	ist of world	ing		1 Se		ce	
O	17. FATHER'S NAME (First, M	liddle, Last)				18. MOTHER'S NAME (First,								
BE C	Charles	Frank	lin Bas	i1					Mary	y Anna F1	ood			
10	Dorothy	.,	sil							nue Annap			D 21401	
	20s. METHOD OF DISPOSIT		oval from State	20b. PLACE				ime of		DATE 20c. LO	CATION — CI	ty or To	wn, State	
	4 Donation 5 Other	1.17	ceuses . A			t Ce	emet		10				nville, MI	
	b /he	1 SERVICE O		and the					uces	Tayı			ral Home polis, MD	
	23. PART I. Enter the dishock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	a	use on each line	tvo	Ke	tha mo	de or dy	ing, suc	n aa cardiac or reapi	ratory arrea	nt,	Approximate Interval Between Onset and Daath	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING													
RTIFIC	CAUSE (Disease or injury that initiated events resulting in deeth) LAST													
2	PART II. Other significa	int condition	na contributino to	death but not i	esultino	In the ur	derivin	n cause	alven in	Part I. 24s. WAS AN	ALITOREY	1 245	WERE AUTORS SHIPINGS	
MEDICAL CERTIFICATION	PART II. Other significant conditions contributing to death but not re								917011 111	PERFOR	MED?	240.	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
A N														
20	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:													
PHYSICIAN:							RK?							
TED BY	2					M 1 YES 2 NO me, larm, street, factory, office 28f. LOC City					PCATION (Street end Number or Rural Route Number, y or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.													
TO BE C	296. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year) 10692													
-	Strave E. Sclouich 900 Bestgate Rd, Annapolis, Und 21401													
	OCT 0 9		32. REGISTRA	R'S SIGNATURE	M.									



permit. Pages 1, 2, 3 should

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funeral director, page 5 should

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분	뿓	Page	NO.
TO THE HOSPITAL OR ATTENDING PHYSICIAN THE APPROXIMENT THE CENTROCKED DE EXECUTED HIS 24 HOURS	TO THE FUNERAL DIRECTOR: After this or minds has been worsed by the attention physician and completely filled in	2	IMPORTANT: If item 28 is marked in liam 23 shows any injury or other traumatic event, the may

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BROWN MONTH Ida 0330 IDA BROWN 26 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 213 05 0026 1 | M 2 | XF 72 YRS. 5 30 1920 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ANNE ARUNDEL ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY CHURCHTON MARYLAND ANNE ARUNDEL 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5344 BROWNSWAY 20733 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.)

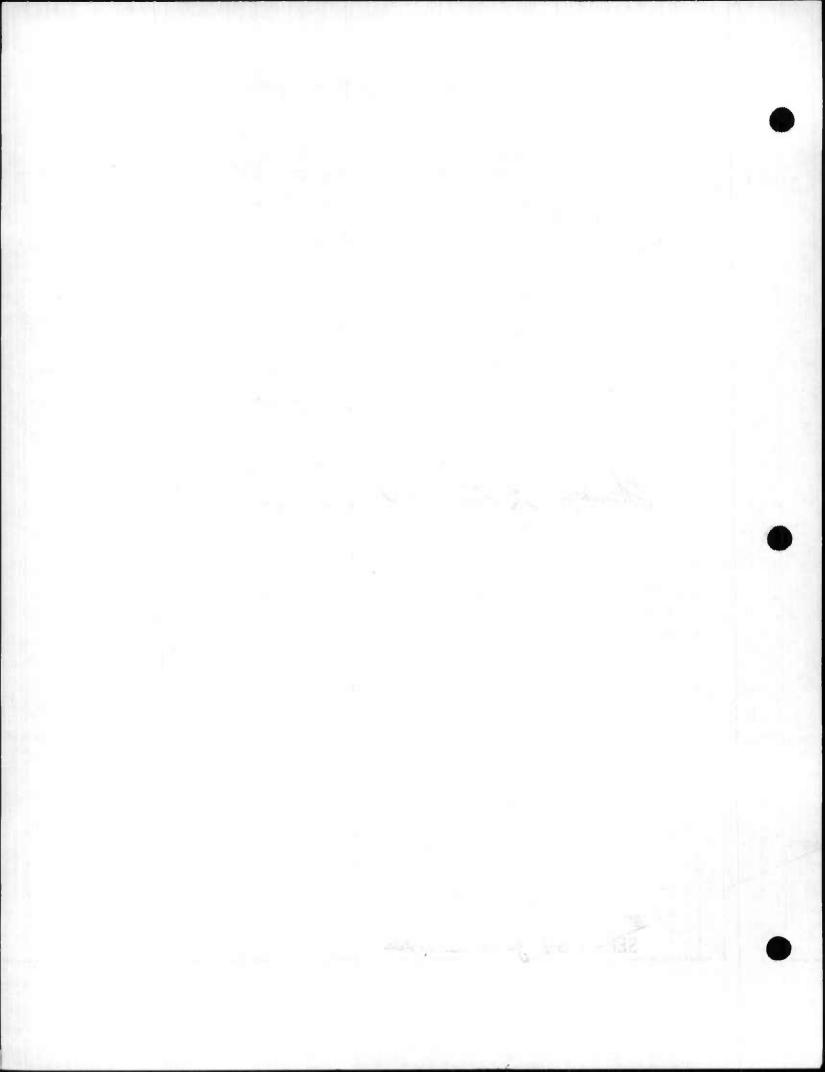
1 YES 2 O Specify: 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Merried
3 Widowed 4 Divorced BY BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JAMES CROWNER BE MAMIE GROSS notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
5344 BROWNS WAY CHURCHTON, MD. 20733 2 SYLVIA BROWN 9 20a. METHOD OF DISPOSITION
1 □NEX/riel 2 □ Crematton 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must EBENEZER CHURCH CEME. 4 Donation 6 Other (Specify) 10/1/92 GALESVILLE, MD. examiner 22. NAME AND ADDRESS OF FACILITY
REESE & SONS MORTUARY, P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ree 821 WEST ST. ANNAPOLIS, MD. 21401 by the femoval. sees, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate re. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final Subdural hematoma disease or condition 30 min resulting in death) DUE TO (OR AS A CONSEQUENCE OF): severe thrombogy topenia MUIT ple myeloma 2 Mas. CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events 124VS DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24s, WAS AN AUTOPSY 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident
3 Sutcide 5 Pending Investigation 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE E. Delovich 19 838 illo 9 29 92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) -#420

Annuaulis mo 21401

P. REGISTBAR'S SIGNATURE

Aller of the second of the sec

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIEN	_	4 20000		
	1. DECEDENT'S NAME (First, Middle, Last)	ELLA MAY	ECKENR		, DATE OF DEATH		3. TIME OF DEATH			
	EllA, Rres	: Kenridge		s	ept. 19	1992	11.30 A M			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHP								
	215-40-0540							MD.		
DIRECTOR	Washington 7th Day Adventist Hospital Takoma Park Montgomery									
EC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. I									
	MD. Fre	derick	Fr	ederic				LIMITS? 1 YES 2 NO		
FUNERAL				10f.	ZIP CODE			OF WHAT COUNTRY?		
Ä	279 Pinoak Lane 21701 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No.— 14. RACE — American Indi									
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 - NO	13. WAS DECE If yes, spe 1 TYES	RACE American Indian, Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S USU	AL OCCUPATIO	N	166. KIND OF BUS	SINESS/INDUST			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	done during mos red.)	t of working					
를	10		homemaker			n/a				
Ö	17, FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME		Sumame)			
BE (Robert E. Droneb	urg			Ella E.	Snyder				
10 E	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Rou	te Number, City or Tow				
-	Samuel W. Brecke	nridge, Jr.	279 Pi	noak L	ane, Fred	erick, Mo	1. 2170	1		
	20a. METHOD OF DISPOSITION 1 □XBuriel 2 □ Cremation 3 □ Rema		PLACE AND DATE OF DIS		me of	DATE 20c. LO	CATION — City	or Town, State		
	4 Donallon 5 Other (Specify)	Mt	. Olivet	Cemete			ederick	k, Md.		
	21. SIGNATURE OF FUNDINAL SERVICE LIC	ENSEE)		er Funera		O Po	1910		
	Standa	y Ze			ick, Md.		.V. DO	X 1019		
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
z	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
은										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury									
빌	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
H	d.									
AL C	PART II. Other algnificant condition	a contributing to deeth bu	t not resulting in th	e underlying	cause given in Par	rt I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
		PERFORMED?								
PHYSICIAN: MEDIC	1 _ YI						X No	OF DEATH?		
3						-		1 TYES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL			26. PL/	ACE OF DEATH (Check	naty one)				
Sic	EXAMINER?	HOSPITAL:		HER:						
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF		S Residence 6	Id. DESCRIBE HOW I	NJURY OCCURE	0		
	Natural 5 Pending	(Month, Day, Year)	INJURY	WOR						
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	- At home, ferm, street.		- 10	It. LOCATION (Street a	and Number or Ru	ral Route Number		
Ĕ	4 Homicide datermined									
COMPLETED	29a, CERTIFIER	CIAN: To the best of my knowle	dge, death accurred =	the time date	and place and first	the name - (-) c - 4 -				
N N		(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
	29b. SIGNATURE AND TITLE OF CERTIFIER			1						
H	A see The				29c. LICENSE NUMBE	566	29d. DATE SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) /Fma - 0		00 1	100	7/	0192		
	Keith M.	Lindgran	MD	760	D Carro	11 Au	Takon	PK MD		
	SFP & 3 190	32. REGISTRÁR'S SIGNA	TURE Panda PR							



1. DECEDENT'S NAME (First, Middle, Last)	Betty	Jane	BR	ANDEN	BURG	2. DATE Sep	of DEATH	199	ZEAR	3. TIME OF DEATH 1:00 A.
4. SOCIAL SECURITY NUMBER 219-20-1487	1 🗆 M 2 🕅 F	AGE (In yrs. lest	YRS. MONTHS		IF UNDER 24 HR	No V.	OF BIRTH	26	Mary	PLACE (State or Foreign
PESIDENCE OF DECEDENT		L		Frede:	rick	DEATH		9c. COU	F1	rederick
10a. STATE 10b. COUNT	rederick		10c. CITY, TOWN	damst						10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2820 Park Mills	Road			101. 2	ZIP CODE	710		10g. CITI		J.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 AWIdowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	YES 2 N	MED 13	If yes, spec	CITY Cuben, Mai 2 NO Sp	ican, Puerto I	? (Specify Yes Rican, etc.)	or No-	14. RACE Black Speci	E — American Indian, k, White, etc.
15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +)	(GA	cedent's usual of work done no NOT use retired.	e during most .)	t of working		ircra:			acturer
					18. MOTHER'S	NAME (First, A	Aiddle, Maiden	Surname)		
17. FATHER'S NAME (First, Middle, Last) Charles Henry Rice	е				Na	nnle (lather	ine A	\mathbf{u} sne	
	nburg, Sr.	20b. PLACEA complety, creft sthave	22	k Mil.	ls Roa ne of ardens	d, Ada	mstown 20c Loc 92 Fre	n, Stere, Zip n, Md cation — e ederi	Code) 1. 2] City or To	1710 wn, State Maryland
Charles Henry Rice 19e. INFORMANT'S NAME (Type/Print) Ernie Lee Brande: 20e. METHOD OF DISPOSITION 10. Burlel 2 Cremetton 3 Ren 4 Donation 5 Other (Specify)	nburg, Sr. novel from State Recenses Complications that can List only one course of	220b. PLACEA complety, green Sthave	2820 Par ANDOATEOFDISPO Memor 100021 ath. Do not ente	ck Mil. Distribut/Nerm chal G: A NAME AND Kei To the mode	ls Roa ls Roa ardens ardens caces or eney a 6 East le of dying, s	Part Route Number of Ada Ada OATH 9-25-FACILITY and Base Children out as card	mstown 20c. Lou92 Free Sford I h St	n, Stein, Zip n, Md cation — ederi Funer	city or To	1710 wn, State Maryland
Charles Henry Rice 19e. INFORMANT'S NAME (Type/Print) Ernie Lee Brande: 20g. METHOD OF DISPOSITION 1	nburg, Sr. novel from State Recenses Complications that can	20b. PLACEA COMPANY OF THE VENT OF THE VEN	2820 Par INDOATE OF DISPO	SITION (Name AND STATE OF THE MODE)	d Number or Ru Is Roa ardens Adoress or eeney a 6 East. le of dying, s	PACELITY ACRES ACRES FACILITY ACRES Character uch as card	mstown 20c. Lou92 Free Sford I h St	n, Stein, Zip n, Md cation — ederi Funer	city or To	Maryland Iome Approximate Interval Betw
Charles Henry Rice 19e. INFORMANT'S NAME (Type/Print) Ernie Lee Brande: 20e. METHOD OF DISPOSITION 10. Burlel 2 cremetion 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE U 23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	nburg, Sr. novel from State CENSEE Complications that can List only one ceuse of DUE TO (OR. DUE TO (OR. DUE TO (OR. d. nas contributing to deal	20b. PLACE A Comparent, oracle S Line VE L M used the dei on esch line. AS A CONSED AS A CONSED AS A CONSED AS A CONSED	2820 Par INDOATEOF DISPORT MEMORIA 100021 ath. Do not enter DUENCE OF): 22 24 25 26 27 27 27 28 28 28 29 29 20 20 20 20 20 20 20 20	SITION (Name of a land of	d Number or Ru Is Roa ardens Adoress or eeney a 6 East. de of dying, s	PACELITY ACRES FACILITY ACRES Church Bas Bas Bas Bas Bas Bas Bas Ba	mstown 20c. Lou92 Free Sford I h St	n, State, Zip n, Md cation — ederi Funer Fre ratory arr	code) l. 2] City or To .ck, ral F aderi	Maryland Iome Approximate Interval Betw
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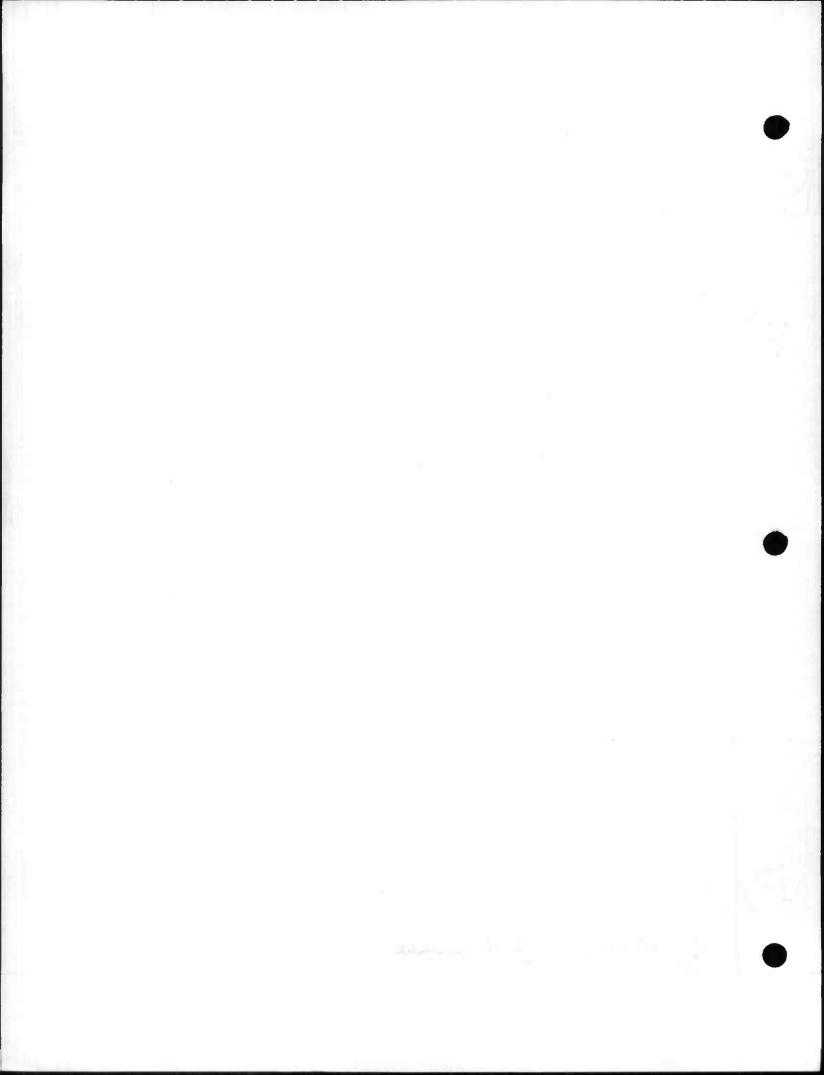
Jaz. REGISTRAR'S SIGNATURE

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4		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEI					
×	į.	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
Z.		Harold Mairs Bea	ttie, Jr.				October 4	, 1992	23:58 M			
S Side	7	4. SOCIAL'SECURITY NUMBER 136-01-5973	1 M 2 □ F	In yrs. lest birthday) 32 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 11,		BIRTHPLACE (State or Foreign Country) Iew Jersey			
3 should	~	9a. FACILITY NAME (If not institution, give st				OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH			
5,	DIRECTOR	Suburban Hospi	tal		Bet	hesda		Mon	tgomery			
20 cs 1	JEC.	10a. STATE 10b. COUNTY		10c. CIT	Y TOWN OR LOCA	ITION			10d. INSIDE CITY			
ii. Pa	D	Maryland	Montgomery		Bet	hesda			1 - YE" 2 XNO			
E A	3AL	10s. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?			
ian. Sr	FUNERAL	5928 Kirby Road				20817			d States			
020 physic burial	BY FU	11. MARITAL STATUS 1 Never Married 2 Militaried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? XIX YES IF YES, GIVE WAR OR DA	2 NO	If yes, o		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:	se or No- 14.	. RACE — American Indian, Black, White, etc. Specify:			
- 0 10 /	ED B		WWII						White			
F 2 5 7	ETE	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of life. Do NOT u.	WORK done during m se retired.)	ON ost of working	16b. KIND OF BE	USINESS/INDUS	TRY			
23	PL	Elementary/Secondary (0-12)	College (1-4 or 5+)	Cartog			US Geo	logical	Survey			
AND the hospil detached	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide		-			
1 8 8 K	ш	Harold Mairs H	Beattie, Sr.			Jeann	e Voorhees	5				
MAR: retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip Co	de)			
be re	-	Marjorie B. Beatt					esda, Mar	yland	20817			
FORE e 6 may ector, pa		20a. METHOD OF DISPOSITION 1 Burlal 2 Commention 3 Remo	CBM	etery, crematory or o	ther place)	ame of 10/7/	1	OCATION — City	or Town, State			
Page of direct		4 Donation 5 Other (Specify)		ontgomer		orium, I		thesda,	Maryland phrey Funeral			
BALTIMOR her death. Page 6 ma the funeral director, p wal.		Mil a @	2-11		Home /		-Chevy Cha					
BA rs after do n by the f removal.		22 PART I Enter the diseases or a	Tulla	M00348	Wisco	nsin Ave	nue, Beth	esda. M	arvland 20814			
_ 3 = _ 91		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between										
24.7 Sille 91.		disease or condition	1140010	1	4.4.1	/		Onset and Death				
1760, ted within 24 completely fille ial. cremation, event, the		resulting in death)	DUE TO (OR AS A	CONSEQUENCE O	Ð:	- ARCCI	7010	X	BOUTE			
P 8 6 4 6	Z	disease or condition resulting in death) MYOCHRDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): ARTERIOSCUERRITIC ARDINAL INSE										
OX 68 be executed and control to buring transmitter	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	f):							
B Costs Costs Price price and the price and	2	CAUSE (Disease or Injury	DUE 70 407 40 4	201107011070								
O Harding	E	that initiated events resulting in death) LAST	DUE TO (OH AS A	CONSEQUENCE O	F):							
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RDS, it the do. by the at and Ment, injury,	AL	PART II. Other significant conditions	contributing to death be	ut not resulting	in the underlyin	g cause given in	Part i. 24s. WAS AI	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
RECOR mgains that seen signed to of Health at shows any	MEDIC						1 (YES	2 DNO	COMPLETION OF CAUSE OF DEATH?			
REC mosts of the	M								1 _ YES 2 _ NO			
A MAR	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			04.8	LACE OF DEATH OF						
Na Ma	SICI	EXAMINERY 1 YES 2 NO	HOSPITAL:	etlant 3 D BOA	OTHER:	LACE OF DEATH (Ch						
T S I S	H	27. MANNER OF BEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. IN.	JURY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED			
Zonen	ВУР	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	7		YES 2 NO	7.64.00	100	Ar Halla			
/ISION ATTENDING CTOR: Area s after death	ED B	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	Hv) . /		20	281. LOCATION (Street City or Town, State	end Number or I	Rural Route Number,			
DIVISION OR ATTENDING DIRECTOR: Are bours after death item 28 is man	ETE	4 Homicide determined		" Hom	8		City or lown, State	25	10			
DIV TAL OR A VAL DIREC 72 hours If Item	COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	edge, death occurr	ed at the time, date	and place, and due	to the cause(e) and ma	enner as stated.				
HOSPITAL FUNERAL within 72	Š	2 MEDICAL EXAMINE	: On the basis of examination	end/or investigation	on, In my opinion,	death occured at the	time, dete and place, a	ind due to the cr	euse(e) and manner as stated.			
HE HE HE MINISTER WITH	BE	296. SIGNATURE AND TITLE OF CERTIFIER	000	/	11	29c. LICENSE NUI	мвен	29d, DATE SI	GNED (Month Blay: Hiar)			
TO THE HOSPIT TO THE FUNERA De filed within 7	2	A	till	1	~	DOT	099	10	15/92			
\		TO A INC. CO MA	COMPLETED CAUSE OF OF	TH (ITEM 27) (Type	Print)	P. D	4001	- 1/1	1 60			
		31. DATE FILED (Month, Day, Year)	32 FEGISTRAR'S SIGNA	ATURE .	oosh)	ND PE	11/620/	× 191	2081>			
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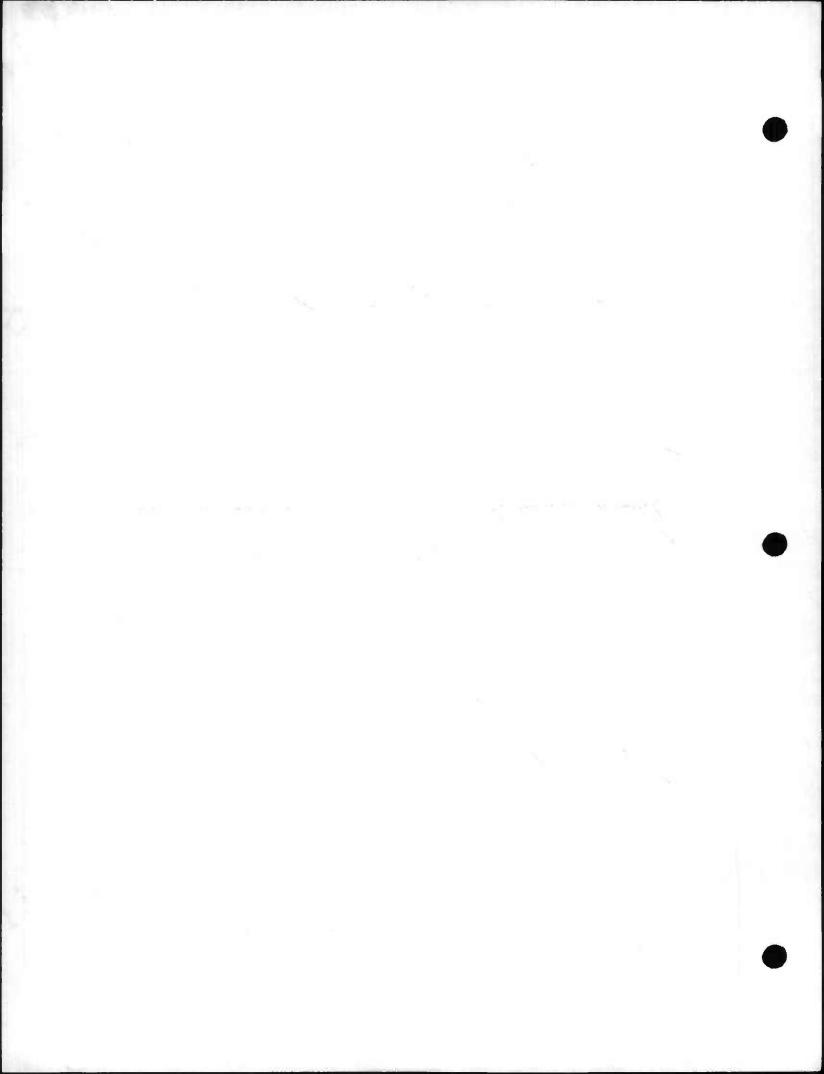
CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Barry 1992 ROBERT 1420)ctober A SOCIAL SECURITY MUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR OF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 219-07-6778 1 M 2 | F YRS 05-19-1922 Maryland for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Somerset Princess Anne 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 30623 Pineknoll Drive 21853 U.S. after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cubin, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married BY White 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high intery/Secondary (0-12) College (1-4 or 5+) detached 9 Ctv Employee Somerset 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) funeral director, page 5 should be 75 BE lohn Barry Revelle Cora notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Bessie Δ Barry 30623 Pineknoll Drive Anne, Maryland 9 20a. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 4 Donation 5 Other (Specify) Beechwood Cemetery Pr. 110/5 Anne. Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hinman Funeral Home 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. filled in by the fillion, or removal. medicei Approximate Interval Between 50 IMMEDIATE CAUSE (Final Onset and Death and completely filled burtal, cremation, the disease or condition mex aux artic amre resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): withening PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, the attending physician ar DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING When the Olivery mmony CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 item 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b, WERE AUTOPSY FINDINGS Depresent and by the AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) h the State 0 HOSPITAL: OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpatient 3 - DOA e 5 Residence 6 Other (Specify) the 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b, TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this with marked, 1 Natural 5 Pending Investigation M 1 YES 2 NO BY After the 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 100 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Yourn State) COMPLETED 6 Could not be DIRECTOR: Jours after of Item 28 is 4 Homicide 29a. CERTIFIER
(Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilme, data and place, and due to the cause(s) and manner as stated, one)

MEDICAL EXAMINER: On the basis of examination and/or investigation. In my opinion, death occurred at the ilme, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FINE WITHIN 72 MINIMARY IN 18 18 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND LITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 3 9 -05 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TRASSO 0500 14/5 ARROLL 150 URy 32. REGISTRAR'S SIGNATURE Julia Davidson Rendoll 31. DATE FILED (Month, Day, Year) '92 OCT -5

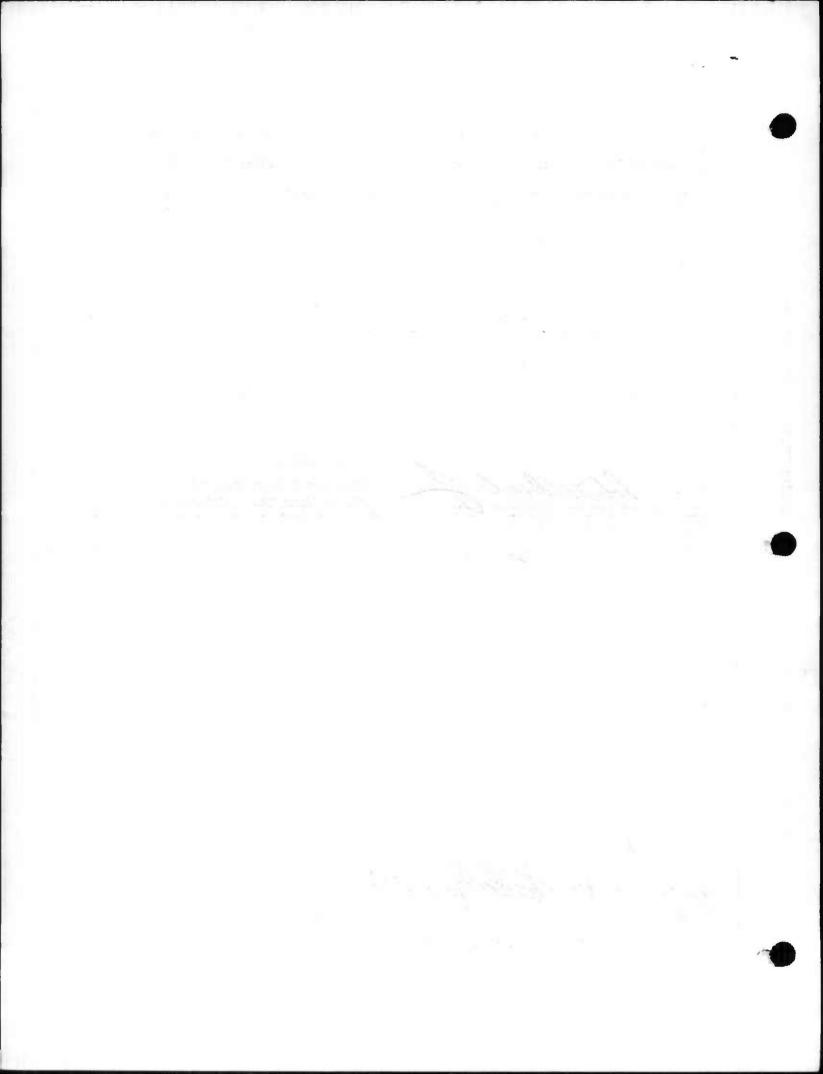
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



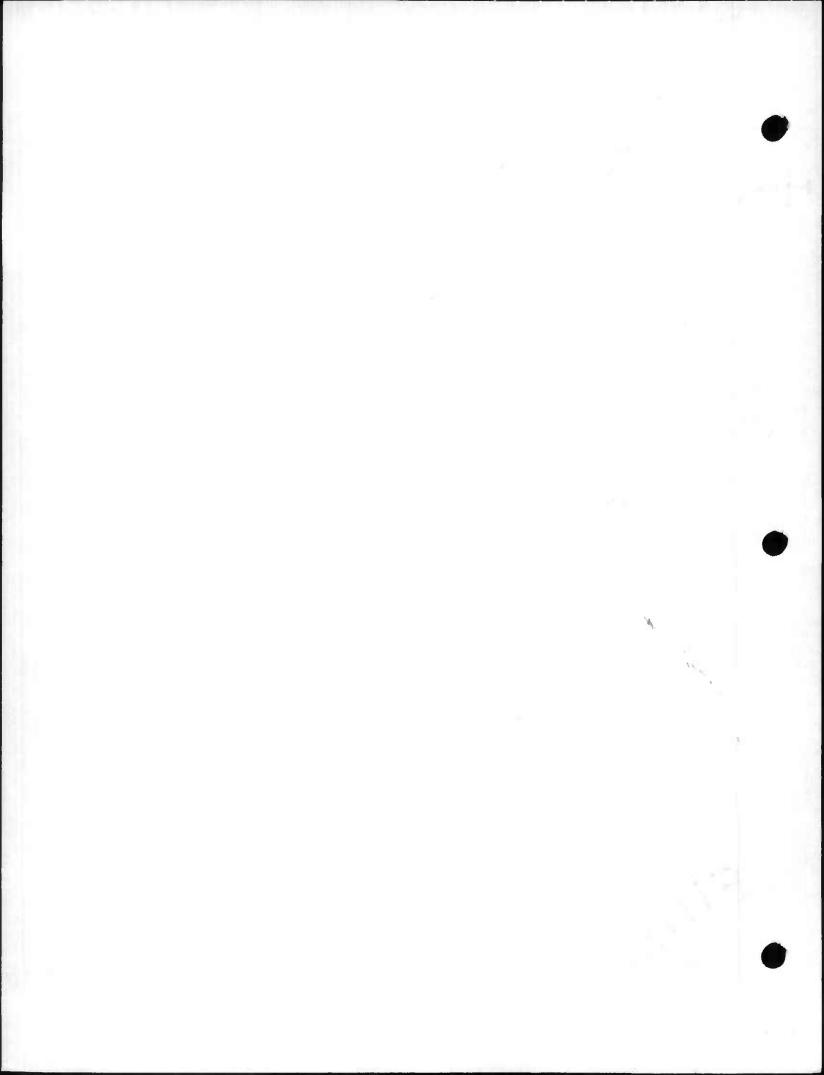
	1 6.4	ly fil	ation	the
40,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The general that the death certificate be executed within and	TO THE FUNERAL DIRECTOR; After this certification in the appeal by the attending physician and completely fill	al, crem	IMPORTANT: If item 28 is marked, or them 23 moves any injury, or other traumatic event, the
DIVISION OF VILLE HELORDS, P.O. BOA 13149,	execut	n and c	to buri	matic
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mount my Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF N	MARYLAND_/	DEPAR	RTMENT	OF H	EALTH	AND !	MENTAL	L HYGIENI	Ē		
	REGISTRAR		C	ERTIF	ICATE	OF	DEAT	ГН		REG. NO.			
ì	1. DECEDENT'S NAME (First, Middle, Last)	MARION	L. 1	3URT	ON				2. DATE MONTH Sept	of OEATH	19	92	3. TIME OF DEATN 7:55 P. M
	4. SOCIAL SECURITY NUMBER 154-01-7291	5. SEX	6. AGE (In yrs. les 74	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. OATE (Month	of BIRTH	918	Country	PLACE (State or Foreign y) aryland
œ	9a. FACILITY NAME (If not institution, give at Home - 6268 Crist						R LOCATION STA)		NTY OF DO	EATN
2	RESIDENCE OF DECEDENT	ricia mi	J11#47	Marion Station,					1, 110		DOM	.02.00	
DIRECTOR	10a. STATE 10b. COUNTY	merset		10c. CIT	10c. CITY, TOWN OR LOCATION Marion Station								10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL D	10e. STREET AND NUMBER 6268 Crisfield Hic		10f. ZIP CODE 21838					10g. CITIZEN OF WUSA			VHAT COUNTRY?		
Ä													
5	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. AF							I? (Specify Yea Rican, etc.)	or No	14. RACE Black	E — American Indian, c, Whita, atc.
Э ВҮ	3 Wildowed 4 Divorced	W. W.	II Nav				2 TYNO	Specify				Speci	White
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(G	CEDENT'S live kind of Do NOT u	work done of se retired.)	during mo	DN st of workli	ng	16b.	KIND OF BUS	INESS/INE	DUSTRY	
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BE C	Lorie A. Burton						N	larci	ie L.	Ennis	3		
70	19a. INFORMANT'S NAME (Type/Print) Eva L. Burton (Wi	fe)	19		ame a					ber, City or Town	n, State, Ziç	Code)	
	20e. METHOD OF DISPOSITION 1 ☐ Burial 2 🎇 Cremation 3 ☐ Rame	oval from Stata	20b. PLACE other p	lace)								City or To	
	4 Donation 5 Other (Specify) Salisbury Crematory Salisbury, MD										MD		
	· Kolu Th	Beac	4	_	E	Brade	shaw	& S	ons F	uneral			21017
-	23. PART i. Entar tha diasases, or o	Bradshaw	t coursed the d	neth Do						- Crisf			21817 Approximate
	ahock, or haart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death												
	disease or condition resulting in death)	- Acut	e M. I.							N			Instant
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CERTIFICATION	Sequentially list conditions, if any, isading to immediata cause. Enter UNDERLYING												
FIC	CAUSE (Disease or injury that initiated events	c. OUE TO	(OR AS A CONSE	OUENCE C	PF):):							
SERT	resulting in death) LAST	d								54		_	
	PART II. Other significant condition	s contributing to	daath but not	resulting	in the un	ndariyin	g cause	given in	Part i.	24a, WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL						_			_	1 🗌 YES 2	© NO		OF DEATH?
Σ.													
Y	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER												
SIC	1 X YES 2 □ NO	HOSPITAL:	☐ ER/Outpatlant	3 🗆 DOA	4 Nun		10 5 CXR	ealdence	6 🗆 Othe	er (Specify)			
	27. MANNER OF DEATH 1 📉 Netural 5 🗌 Pending	28a. DATE Of (Month, i	F INJURY Day, Year)	28b. TII	ME OF JURY M		URY AT ORK? YES 2 [□ NO	28d. DE	SCRIBE NOW I	NJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined		OF INJURY — At h	ome, farm,	atreet, faci					CATION (Street or Town, State)		or Or Rural i	Route Number,
E I	20. CERTIFIER												
COMPLET	Check only CENTIFTING PHYSI	R: On the basis of											a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CENTURES	90	2.1.	. /	n I			102			1.11	9/24	/Morett, Day West
٩	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAL	/ /									J = 1	, , , ,
(James A. Sterlin		- 820 W.	. Mai	n St		Cris	fiel	d, M	218	17		
	SEP 2 8 92	32. REGISTR	AN'S SIGNATURE	Mande	une_								



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		1. DECEDENT'S NAME (First, MARY	Middle, Last)	FAY		BUSSA	RD			2. DATE OF I	DEATH DA		YEAR 92	7:00 D	
•		4. SOCIAL SECURITY NUME	ER	5, SEX	6. AGE /In	yrs. last birthday)	IF UNDER 1	YEAR I	IF UNDER 24 HRS.	7. DATE OF S		1		ACE (State or Foreign	M
		171-48-4053		M 2 M F	56		-		OURS MIN.	040020		6 N	BIRTHPL Duntry)	NGE (State or Poreign	
Should		9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNT		TM .	_
C.S	5	Memorial Hos			al Ce	nter	Cumbe					Allegany			
1. 2.	ЕСТОВ	RESIDENCE OF DEC	EDENT			CHECK CUMPELLAND									_
permit. Pages	OIRE	MD	Alle	egany			city, town on Location Cumberland						Id. INSIDE CITY LIMITS? YES 2 NO		
E S		10s. STREET AND NUMBER							IP CODE			10g. CITIZE		T COUNTRY?	-
2	FUNERAL	1024 Shade	es Land	е				2	1502			USA	L.		
020 physician. burial-transit	5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN L	LS. ARMED	13. W	S DECEN	DENT OF HISPA	NIC ORIGIN? (S	pecify Yes	or No.— 14	. RACE -	American Indian, /hite, etc.	_
5-0020 nding physic as the burial	B⊀	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE Y					ty Cuben, Mexico		, etc.)			hite	
21215 al or attend for use as		15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	1	6a. DECEDENT'S	USUAL OCC		of working	16b. KIN	D OF BUS	INESS/INDUS	TRY		
0 2 8	COMPLETED	Elementary/Secondary (0 unknown		College (1-4 or 5	+)	homen	se retired.)	my most o	a working		own h	ome			
AN hos heach	Š	17. FATHER'S NAME (First, M				_		10	B. MOTHER'S NA	ME (First, Middl	s, Maiden i	Sumame)			_
2 33	BE 0	Robert	c. s	HARON					Edit	h R. S	nafe	r			
ED.	10	Carol A. H		d		19b. MAILING	erlan	Street and	Number or Rural D 21502	Route Number, (ity or Town	, Stata, Zip Co	ode)		
ORE 6 maps ector, page must be		20e. METHOD OF DISPOSITE			20b. P	LACE AND DATE	OF DISPOSITI	ON (Name	of	DATE	20c. LOC	CATION — CR	y or Town,	State	
M direct direct the state of		## Burlei 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)							"Burial Park 10-12 Cumberland, MD 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home					MD	
BALTIMOR hours after death. Page 6 me ed in by the funeral director, or removal. medical examiner must		*Com	e service do	7 da	210	11/-	S	me and a	elli Fu	neral MD 215	Home				
ica at		23. PARTY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,													_
24 hours filled in on, or re		IMMEDIATE CAUSE (Fin											Onset and Death		
		disease or condition resulting in death)	→		M						i				
68760, ecuted within and completely burial, cremati				DUE TO	1	ONSEQUENCE C	F):								_
BOX 68760, ate be executed within sysician and completely prior to burial, crema r traumatic event,	N	Sequentially list conditi	ons.	b		m									
O. BOX 68 ertificate be executing physician and cigiene prior to buriation other traumatic	CATION	If any, leading to immed cause. Enter UNDERLYI	diate	DUE TO	(OR AS A C	ONSEQUENCE O	F):								
.O. B. certificate ding physical dygiene pr		CAUSE (Disease or Inju		DUE TO	(DR AS A C	ONSEQUENCE O	Fi:								
P.O. th certification of the other of the other of the other of the other of the other of the other of the other of the other of the other of the other other of the other of the other of the other of the other of the other of the other othe	CERTIFI	resulting in death) LAS	r 🖠											İ	
		Diet II ou										_			_
2 5 5 E	DICAL	PART II. Other significa	nt condition	a contributing to	death but		in the unde	irlying ca	ause given in	Part I. 24s	PERFORI		AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO	
LICOR signed by Health an	ă					<u>~~</u>				10	YES 2	NO		MPLETION OF CAUSE DEATH?	
L REC(law requires as been sign ept. of Healt	ME			Anux	51	0		1		- 1			1 [YES 2 NO	
ITAL RI V: The law req crate has been State Dept. of Item 23 shy	AN	25. WAS CASE REFERRED TO	MEDICAL	111102	-/ 2	encep	n (upa,	22 00 45	E DF DEATH (Ch	ant ant and					_
	SICIAN:	EXAMINER? 1 ☐ YES 2 ☐ NO		HOSPITAL:	ER/Outpati	lent 3 🗆 DOA	OTHER:		5 Residence						_
OF V HYSICIA his certif with the	PHY	27. MANNEB OF DEATH		28a. DATE OF	INJURY	28b. Til	E OF 2	c. INJURY	Y AT	28d. DESCRI		JURY OCCUI	RED		_
NG PHYS fler this ceath with marked,	ВУ Р		Pending investigation	(Month, E	78Y, 1687)	IN.	M	WORK?	? 2 NO						,
0 9 4 9 0	8	3 Suicide 6	Could not be	28e. PLACE C	of INJURY -	At home, term,	street, factory	, office		281. LOCATIO	N (Street as wn, State)	nd Number or	Rural Rout	e Number,	
DIVISION OR ATTENDING F DIRECTOR: After t hours after death item 28 is mar		4 Homicide	determined		otal (opcomy)					City or io	vn, State)				
	COMPLET	29a. CERTIFIER 1 CERT	IFYING PHYSE	CIAN: To the best of	my knowled	lge, death occur	ed at the time	, deta and	d place, and due	to the cause(a	end man	ner as stated.			
HOSPITAL FUNERAL Within 72	8													nd manner as stated.	
E HO	ш	296. SIGNATURE AND TITLE	OF CERTIFIER	11 17				29	9c. LICENSE NUI	MBER		29d. DATE S	IGNED (M	onth, Day, Year)	-
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO B	0	my	the /					D 3676	6					
,	F	30. NAME AND ADDRESS OF		,						_		-			
/2		Vic Poonai,	M.D.,	P.O. Bo	x 338	, Cumbe	erland	, MD	2150	1					
6		31. DATE FILED (MONTH COM	T' 3 19	92 32. RIFGUTRA	Davidso	WHE Mandel	2								



1	-	FOR STATE REGISTR	AF
Г	. D	ECEDENT'S	N/

ND 21215-0020

BALTIMORE, MARK

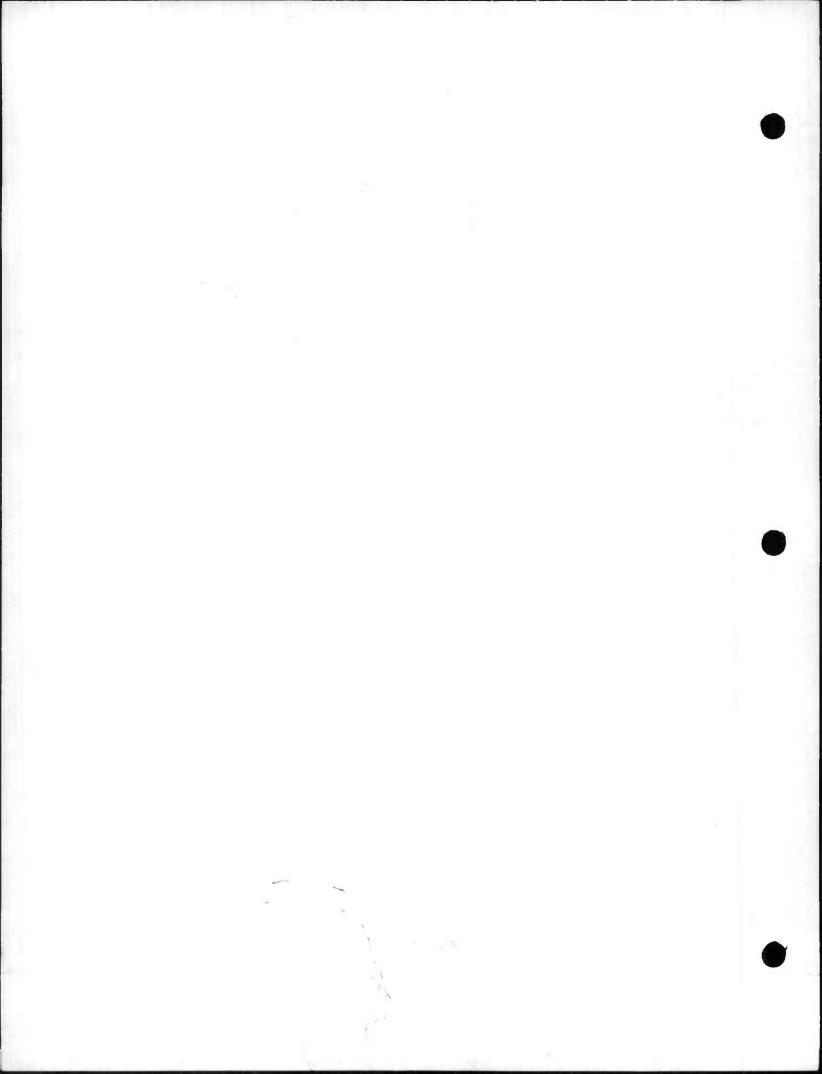
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
		RENCE HENRY B	BURGRAFF			OCT. 7		1:20
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.1	BIRTHPLACE (State or Fore
	406-01-2278	1 🔀 M 2 🗆 F	74 YRS.	MONTHS DAYS	HOURS MIN.	MAY 6 19		KENTUCKY
	Sa. FACILITY NAME (If not institution, give :	street and number)	-	96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	
DIRECTOR	NATIONAL NAVAL	MEDICAL CEN	ITER	BI	ETHESDA		MON	TGOMERY
5 F	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT						_ TION	-c-illan
E .			10c, C11	TY, TOWN OR LOCA				10d. INSIDE CITY
	MARYLAND MON 100, STREET AND NUMBER	TGOMERY		WHEA				1 YES 27 N
A B				10	H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	12506 DALE	WOOD DRIVE			20906			TED STATES
	1 Never Married 2 Married	FORCES? 1 TYES	2 NO	If yes, s	pecify Cuban, Mexic	NIC ORIGIN? (Specify Y an, Puerto Rican, etc.)	es or No— 14.	RACE — American Indian Black, White, etc.
B	3 Widowed 4 Divorced	1941 -		1 TYES	S 2 T NO Speci	/y :	1.8	Specify:
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPATI	ION	18b. KIND OF B	USINESS/INDUST	WHITE
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	completed) Coffege (1-4 or 5+)	(Give kind of a	work done during m se retired.)	ost of worlding			
로 L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	1	U. S. NA	AVY	DEF	ENSE	
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide	n Surname)	
	CLARENCE	BENJAMIN BUR	GRAFF			MINNIE L		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip Cod	ie)
2	JULIA BURGRAFF					. WHEATON		
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE	OF DISPOSITION (N			OCATION - City	
	I ☐ Burial 2 ⑦ Cremation 3 ☐ Rem I ☐ Donation 5 ☐ Other (Specify)	noval from State Cel	metery, crematory or of IETROPOLI	ther place)			XANDRIA	
	1. SIGNATURE OF FUNERAL SERVICE LI		ETROT OFF	22. NAME A	ND ADDRESS OF FA	CILITY		
	► 15X.	SX. O				DLLINS FUN		
_	23. PART I. Enter the diseases, or	Junes	-	300 (UNIVERSIT	LX BLAD.	W., SIL	.SP., MD 2
IFICATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR AS	A CONSEQUENCE OF	F):				
	that initiated events	DUE TO (OH AS	F):					
E	resulting in death) LAST	d.	A CONSEQUENCE OF					
- 11	resulting in death) LAST	d			g Cause given in	Part I. 24e. WAS A	N AUTOPSY T	24b, WERE AUTOPRY FRAN
: MEDICAL		d			ig cause given in		RMED?	MAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
: MEDICAL	PART II. Other significant condition	d		In the underlyIn	g cause given in	1 TYES	RMED?	MAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
MEDICAL	PART II. Other significant condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER?	d to death I	but not resulting	In the underlyin	LACE OF DEATH (C)	PERF(1 YES	RMED?	245. WERE AUTOPSY FINI MANLABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
: MEDICAL	PART II. Other significant condition	HOSPITAL: 1 1 input of 2 ER/Out 25s. DATE OF INJURY	but not resulting	In the underlyin 26. P OTHER: 4 Nursing Hori E OF 28c. IN.	LACE OF DEATH (C)	PERF(1 YES meck only one) 6 Other (Specify)	PRMED? 2X NO	MAILABLE PRIOR TC COMPLETION OF CA OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	PART II. Other significant condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Netural 5 Pending	d	but not resulting	26. P OTHER: 4 Nursing Hor	LACE OF DEATH (C)	PERF(1 YES	PRMED? 2X NO	MAILABLE PRIOR TC COMPLETION OF CA OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significant condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Netural 5 Panding Investigation	HOSPITAL: 1\(\frac{7}{2}\) inpattent 2 \square ER/Out 26a: DATE OF INJURY 28a: PLACE OF INJURY 28a: PLACE OF INJURY	but not resulting	26. P OTHER: 4 Nursing Hori	LACE OF DEATH (CF ne 5 Residence JURY AT OHK? YES 2 NO	PERFO 1 YES 1 YES 6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURE	MAILABLE PRIOR TC COMPLETION OF CA OF DEATH? 1 YES 2 NC
ED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1\forall Inpatient 2 = ER/Out 26a. DATE OF INJURY (Month, Day, Year)	but not resulting	26. P OTHER: 4 Nursing Hori	LACE OF DEATH (CF ne 5 Residence JURY AT OHK? YES 2 NO	PERF(1 YES neck only one) 6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	MAILABLE PRIOR TC COMPLETION OF CA OF DEATH? 1 YES 2 NC
ETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1\(\frac{1}{2}\) inpattent 2 \sum ER/Out 26a: DATE OF INJURY (Month, Day, Year) 28a: PLACE OF INJURY building, atc. (Spa	petient 3 DOA 28b. TIM INJ Y — At home, farm, s	26. P OTHER: 4 Nursing Hor E OF UNITY M 1 street, factory, offk	LACE OF DEATH (C) ne 5 Residence JURY AT ORK? YES 2 NO	PERFO 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	INJURY OCCURE	MAILABLE PRIOR TC COMPLETION OF CA OF DEATH? 1 YES 2 NC
ETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition IS. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 19e. CERTIFIER (Check only) 1 CERTIFYING PHYSI	HOSPITAL: 1\tilde{7} inpattent 2 \square ER/Out 26a: DATE OF INJURY (Month, Day, Year) 28a: PLACE OF INJURY building, atc. (Spa	petient 3 DOA 29b. TIM INJ Y — At home, farm, seriely	26. P OTHER: 4 Nursing Hor IE OF 28c. IN. JURY M 1 street, factory, office	LACE OF DEATH (CA	PERF(1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) and m	INJURY OCCURE and Number or Re enner se stated.	MAILABLE PRIOR TC COMPLETION OF CA OF DEATH? 1 YES 2 NO ED
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Netural 2 Accident 3 Suicide 4 Homicide 5 Could not be determined 18. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1YE Inpatient 2 ER/Out 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, atc. (Spa	petient 3 DOA 29b. TIM INJ Y — At home, farm, seriely	26. P OTHER: 4 Nursing Hor IE OF 28c. IN. JURY M 1 street, factory, office	LACE OF DEATH (CF ne 5 Residence JURY AT TYES 2 NO Te a and place, and due death occured at the	PERF(1 YES 1 YES 1 YES 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State City	INJURY OCCURE and Number or R enner as stated, and due to the car	MAILABLE PRIOR TC COMPLETION OF CA OF DEATH? 1 YES 2 NC ED Lural Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition IS. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 19e. CERTIFIER (Check only) 1 CERTIFYING PHYSI	HOSPITAL: 1YE Inpatient 2 ER/Out 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, atc. (Spa	petient 3 DOA 29b. TIM INJ Y — At home, farm, seriely	26. P OTHER: 4 Nursing Hor IE OF 28c. IN. JURY M 1 street, factory, office	LACE OF DEATH (CA	PERF(1 YES 1 YES 1 YES 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State City	INJURY OCCURE and Number or R anner as stated, and due to the car 29d. DATE SIG	MAILABLE PRIOR TC COMPLETION OF CA OF DEATH? 1 YES 2 NC ED Lural Route Number, SNED (Month, Day, Year)
O BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1\tilde{7} inpattent 2 \subseteq ER/Out 26a: DATE OF INJURY (Month, Day, Year) 28a: PLACE OF INJURY building, atc. (Spa	petient 3 DOA 28b. TiM INJ Y — At home, farm, incify) wiedge, death occurrent and/or investigation	26. P OTHER: 4 Nursing Hor E OF 28c. IN. JURY M 1 street, factory, office at the time, date on, in my opinion, of	LACE OF DEATH (CA	PERFO 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, State to the cause(e) and m Itme, data and place, to	INJURY OCCURE and Number or Ries anner as stated. and due to the car 29d. DATE SIG	AMALABLE PRIOR TO COMPLETION OF CALOF DEATH? 1 YES 2 NO ED BUILDING ROUTE Number, Use(a) and manner as state SNED (Month, Day, Year)
O BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Notice Pending Investigation 3 Suicide Could not be determined 4 Homicide Centifying Physical Could not be determined 19e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 19e. CERTIFIER 1 CERTIFYING PHYSICAL EXAMINE 19e. CERTIFIER 1 CERTIFYING PHYSICAL EXAMINE	HOSPITAL: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	petient 3 DOA 28b. TIM INJ Y — At home, farm, or wiedge, death occurr on and/or investigation	26. P OTHER: 4 Nursing Hor E OF 28c. IN. JURY M 1 street, factory, office at the time, date on, in my opinion, of	LACE OF DEATH (Cr. ne 5 Residence JURY AT JURY	PERFORMAN AND PERFORMAN AL NAVAL	INJURY OCCURE I and Number or R anner se stated. and due to the car Z9d. DATE SIG. MEDICAL	MANLABLE PRIOR TC COMPLETION OF CA OF DEATH? 1 YES 2 NC No Part No No No No No No No No No No No No No
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be minerally the hour	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages are detained by the funeral director, be filled within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at enca.
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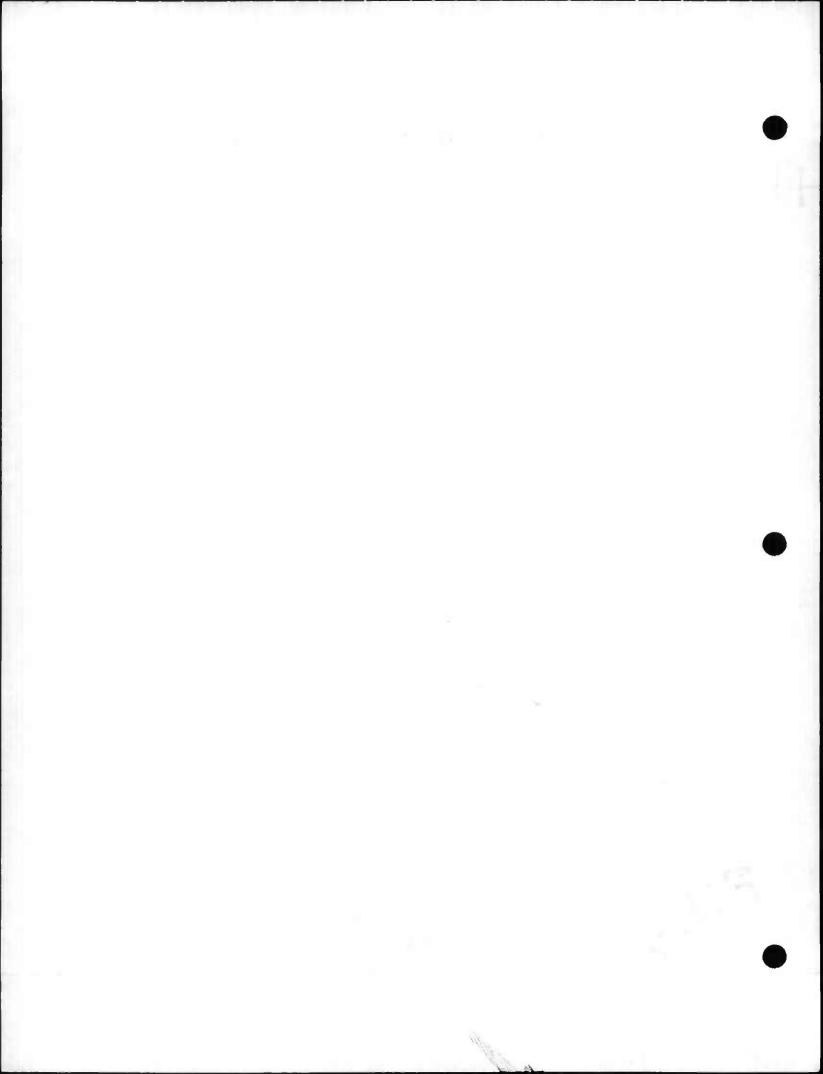
Dre Jr. MD 20 32. REGISTRAR'S SIONATURE Fishia Davidson-Randall

	FOR 1 - STATE REGISTRAR	STATE OF M	CE	RTIF			EALTH AND DEATH	MENTA	L HYGIEN	_	32	29615
	1. DECEDENT'S NAME (First, Middle, Last)	MARJORIE	WALLAC	E	BROW	N		2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
	MARGORIE		COUN					1	0- 7	7-1990	2	10 05 pm
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. last i	birthday)	IF UNDER 1		IF UNDER 24 HRS.		OF BIRTH		8. BIRTNP	LACE (State or Foreign
	275-14-7269	1 - M 2 X F	72	YRS.	MONTHS	DAYS	HOURS MIN.		6, Dey, Year)	20	Country)	
	Se. FACILITY NAME (If not institution, give a	treet and number)	1		9b. CITY,	TOWN O	R LOCATION OF D		0, 27.	9c. COUN		
8	WILSON HEAlth	CARR. CR	nter		(in	itho	esburg			in	Itan	mery
5	RESIDENCE OF DECEDENT									1/10/	7790	mercy
DIRECTOR		' IONTGOMERY			r, town of EATO		ION "					IOd. INSIDE CITY LIMITS? I YES 2 NO
FUNERAL	10a. STREET AND NUMBER					101.	ZIP CODE			10g. CITIZ	EN OF WH	IAT COUNTRY?
띮	13016 FLACK ST	REET					209	06		USA		
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	ED	13. W	AS DEC	ENDENT OF NISPA	NIC ORIGI	N? (Specify Yes		4. RACE -	- American Indian.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 L	YES 2 NO)	lf lf	yes, spe	Polfy Cuben, Mexic 2 NO Speci	an, Puerlo	Rican, atc.)		Black, Specify:	White, etc.
8	15. DECEDENT'S EDU	CATION	16a. DECI	EDENT'S	USUAL OC	CUPATIO	N .	16/	. KIND OF BU	UNESS/INDI	STRV	WHITE
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(G/ve	e kind of w Do NOT use	rork done di	ring mos	st of working			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JIN1	
7	12	College (1-4 or 5+)	SECT	RETA	DV							
COMPL	17. FATHER'S NAME (First, Middle, Last)		DEC	KETA	K1		18. MOTNER'S NA		L.S. GO		ENT	
	JAMES C. W	ATTACE						THE PROOF				
BE	19a. INFORMANT'S NAME (Type/Print)	ALLACE	106	MAILING	ADDRESS	(Oten et a	GRACE nd Number or Rural	0		IERY		
2										n, Stete, Zip (Code)	
	JOHN R. BROWN 20e. METHOD OF DISPOSITION						REET. W			20906		
	1 🗆 Buriel 2 💢 Cremation 3 🗆 Rem	oval from Stata	20b. PLACE AN cemetery, cremi	atory or off	her plece)			DAT	115	CATION — C		
	4 Donation 6 Other (Specify)	ENGE 1	METROI	POLI'				10/8	ALE	XANDR	IA,	VA
	Delannon 1	Sot	Low		FRA	NCI	S J. COI	LLINS	FUNER	AL HO	ME,	INC. ., MD 2090
	23. PART I. Enter the diseases, or o	omplications that	caused the deat	th. Do no	ot enter t	ha mod	de of dying, suc	ch aa can	diac or reapi	ratory arre	nt.	Approximata
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on each line.									Interval Between Onset and Death
		DUE TO (C	R AS A CONSEQU	JENCE OF					11710	alun	100	· con
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		R AS A CONSEOU			en	nenti	a				8 years
5	CAUSE (Disease or Injury	DUE TO 40	D 40 4 0000000	(E) (O) O)								
Ē	that initiated events resulting in death) LAST	DOE 10 (0	R AS A CONSEQU	ENCE OF):							
與		i										
	PART II. Other algnificant condition	s contributing to d	eath but not rea	nulting in	the und	eriving	ceuse given in	Part I.	24a. WAS AN	ALITOPSY	24h W	ERE AUTOPSY FINDINGS
MEDICAL		know							PERFOR	MED?	A	WAILABLE PRIOR TO
				gir	1			-	1 XYES 2	_	0	F DEATH?
								1	Lin	rited	1	TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL											
<u> </u>	EXAMINER?	HOSPITAL:			OTHER:	26. PL/	ACE OF DEATH (Ch	eck only or	10)			
PHYSICIAN:	1 VES 2 NO	1 Inpatient 2 E				ng Home	5 🗆 Residence	6 🗆 Othe	r (Specify)			
표	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF IN (Month, Day,	JURY Year)	28b. TIME INJU		8c. INJU	JRY AT	26d. DE	CRIBE NOW II	JURY OCCU	RED	
BY	1 Netural 5 Pending Investigation				M	1 🗌 Y	ES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF I	NJURY — At home c. (Specify)	e, farm, st	reet, factor	y, office		281, LOC	ATION (Street a or Town, State)	nd Number or	Rural Rou	ite Number,
ETED.	4 Nomicide detarmined							J.,				
7	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of m	y knowledge, death	h occurred	d at the tim	e, date s	and place, and due	to the co	use(a) and men	ner se eteted		
COMPL	one) 2 MEDICAL EXAMINE											nd manner as stated
	296. SIGNATURE AND TITLE OF CERTIFIER				, ,	,,,,,,			are prece, and			
H	STATE AND THE OF LEATIFIER	710	4				29c. LICENSE NUI	MBER		29d. DATE S	SIONED (M	fonth, Day, Year)
24	30. NAME AND ADDRESS OF PERSON WAS	VVV	Low	5	>		072	231			10-	8-92

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pro-of the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral death with 17 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	etained by the hospital or attending physician.	are should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
는 는 는 는 는 는 는 는 는 는 는 는 는 는 는 는 는 는 는	SPITAL OR ATTENDING	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled hin 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, o	

_		FOR STATE REGISTRAR		C	ERTIF	ICATE OF	HEALTH DEAT	AND I	MENTAL HYGIEN REG. NO	_	
		1. DECEDENT'S NAME (First, Middle, I	ast) MARY SP		BEDI				2. DATE OF DEATH DO TO THE DEATH DO TO THE DEATH	-9	YEAR 2 1. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	i i	578-03-2911	1 🗆 M 2 🔀 F	77	YRS.	MONTHS DAYS	HOURS	Min.	JULY 29,1	915 K	ENTUCKY
- 1	~	9a. FACILITY NAME (If not institution,	ive street and number)			9b. CITY, TOWN	OR LOCATION	ON OF DE	EATH	9c. COUNT	Y OF DEATH
	DIRECTOR	5301 WESTBARD (2			ESDA			MONT	GOMERY
	뿐	10e. STATE 10b. CO				Y, TOWN OR LOCA					10d. INSIDE CITY LIMITS?
		MARYLAND MO 100. STREET AND NUMBER	NTGOMERY		I	BETHESDA					1 YES 2 NO
	ERAL	5301 WESTBARD (TDCIE #/.1	2		180	of. ZIP CODE				N OF WHAT COUNTRY?
	FUNE	11. MARITAL STATUS		NT EVER IN U.S. AF	RMED	13 WAS DE	208		IIC ORIGIN? (Specify Yes		SA Academ lades
		1 Never Married 2 Married	FORCES?	1 YES 2 X		If yes, s		n, Mexica	n, Puerto Rican, etc.)	- Cr No -	t. RACE — American Indian, Black, White, etc. Specify:
-1	D BY	3 Widowed 4 Divorced				_	2 1 12/110	opeon	_		WHITE
-1	ш	15. DECEDENT'S (Specify only highest		/G	ive kind of	USUAL OCCUPATI	ON ost of workin	g	16b, KIND OF BU	SINESS/INDUS	ТРР
	LET	Elementary/Secondary (0-12)	College (1-4 or 5		UTY_(CHIEF OF					
once.	COMP	17. FATHER'S NAME (First, Middle, Last	3	P0.	RLICA	ATTONS		45010 ALA	DEPT. O		R
at o	Ö	LAWRENCE SPENN						RA	ME (First, Middle, Maiden	Sumame)	
3	0	19a. INFORMANT'S NAME (Type/Print)	EDEKG	19	b. MAILING	ADDRESS (Street	_		SMITH Poute Number, City or Tow	n. State Zin Co	ode)
3	2	LAURIN B. MORRI	SON (DAUG			LORAIN					
اليَّ	M	20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOSITION (N		ОП			ty or Town, State
₽/		1 Donation 5 Other (Specify)		PARK		ther place)			10/13ROC	XVII.I.E	MARYLAND
矕		21. SIGNATURE OF FUNERAL SERVICE	LUCHRISEE	11/11		22. NAME A			CILITY		
examil		1 Mark -	. //10	well-					LINS FUNE		ME, INC. PRMD.20901
traumatic event, the medical	CATION	23. PART f. Enter the diseases, shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	aDUE TO	use on each ilne	QUENCE O	少むり C			Prso		interval Between
or other	CERTIFICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	G	D IOR AS A CONSE							
hows any inju	MEDICAL	PART II. Other significant cond	itiona contributing to			in the underlyin	ng cause g	jiven in	Part i. 24a. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICA	_				LACE OF D	EATH (Ch	eck only one)		
or ite	ž I	1 YES 2 NO	HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Hor	ne 5 W Re	sidence	6 Other (Specify)		
	H H	27. MANNER OF DEATH	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIM		JURY AT		28d. DESCRIBE HOW I	NJURY OCCUI	RED
	┢	Natural 5 Pending Investigat				M 1 🗆	_] NO			
28 is	ETED	3 Suicide 6 Could not 4 Homicide determine	Duliding Duliding	OF INJURY — At ho , etc. (Specify)	ome, farm,	street, factory, offic	ce		261. LOCATION (Street : City or Town, State)	and Number or	Rural Route Number,
	COMPLE								to the ceuse(a) and mar time, data and place, an		couse(a) and manner as stated,
DRITA	w	296. SIGNATURE AND TITLE OF CERT	MEN C				29c. LICE	NSE NUN	IBER	29d. DATE S	BIGNED (Month, Day, Year)
MP	<u>ක</u> වූ	- What	ماسا		8		7	200	8246	> 10	2-10-95.
	-	30. NAME AND ADDRESS OF PERSON	WHD COMPLETED CAN	JSE OF DEATH (ITE							Ma.
)		Ophn	laub	ar		218	210	CO	nsin	Ave	Betheso
	1	31. DATE FILED (Morith, Day, Year) OCT 1 3 1992	32 REGISTR	AB'S SIGNAPURE	182						



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ed for use as the burial-transit permit. Pages 1, 2, 3 should or the properties or attending physician. The definition has use as the burial-trans IMPORTANT, If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be min TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIENE		-2017
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
		Lena Bo	zzonetti			October 7,		4:00 a M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE			UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	S. BIRTI	IPLACE (State or Foreign
	215-48-4295 Ss. FACILITY NAME (If not institution, give a		93 YRS.	CITY, TOWN OR LO	URS MIN,	Sept. 16,1	899 Count	Italy
DIRECTOR	Meridian Nursing			Silver				tgomery
EC	10e. STATE 10b. COUNT	Y	10c. CITY, TO	WN OR LOCATION				10d, INSIDE CITY
5	Maryland	Montgomery			Rockvi	110		LIMITS? 1 YES 2 NO
AL	10. STREET AND NUMBER			10f. ZIP			10g. CITIZEN OF	WHAT COUNTRY?
EB	1517 Auburr	Avenue			2085	0	Unite	ed States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 XNO	13. WAS DECENDED If yes, specify 1 TYES 2	Cuban, Mexica	NIC ORIGIN? (Specify Yes on, Puerto Rican, etc.)	r No- 14. RACI	E — American Indian, k, White, etc.
	16. DECEDENT'S EDU	CATION	16a. DECEDENT'S USU	AL OCCUPATION		16b, KIND OF BUSI	MESS /IMPLICTORY	White
ET	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	done during most of : ired.)	working	TOU. KIND OF BUSI	NESS/INDUSTRY	
COMPLETED	6	College (Ind Or 5 +)	Home	emaker		Oran	Home	
O	17. FATHER'S NAME (First, Middle, Last)		Home		MOTHER'S NA	ME (First, Middle, Meiden S		
BE C	Not Available				Not A	vailable		
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADD	RESS (Street end No	umber or Rural I	Route Number, City or Town,	State, Zip Code)	
ř	Henzo T. Bozzon	netti	1517 Au	burn Ave	enue R	ockville, M	laryland	20850
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem		PLACE AND DATE OF DIS				ATION — City or To	rwn, State
	4 Donation 6 Other (Specify)		Pate of He	ven Cem			ver Spr	ing, Marylan
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Robert A	A. Pum:	our phrev Funer	al Home	/
	1 Lever)	Lephut	M00335	Rockvil.	le, În	c. 300 West	Montgoi	mery Avenue
-	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Att	ach lina.	year the mode of	/	toussules a	1	Approximate interval Between Greet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL O	PART II. Other significant condition	a contributing to death b	ut not resulting in th	e underlying cau	use given in	Part I. 24a, WAS AN AI PERFORM 1 YES 2	ED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26 PLACE	OF DEATH (Chi	ock only one)		
SIC	EXAMINER? 1 YES 27 NO	HOSPITAL:		HER:				
	27. MANNER OF DEATH 1 X Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY / WORK? M 1 YES	AT	8 Other (Specify) 28d. OESCRIBE HOW INJ	PURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— A1 home, ferm, street,	, factory, office		281. LOCATION (Street and City or Town, State)	d Number or Rural F	loute Number,
COMPLET		CIAN: To the best of my know) and manner se stated.
TO BE	296. SICHATURE AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WH	mi, me	V	1	LICENSE NUN	10834/	octobe	(Month, Day, Year)
	Benjamin Avrunin Maria Bollon		rince Phil		7e T-14	4 01ney, Ma	ryland	

97 98 '37 July 36' 80 T.0

3. TIME OF DEATH

P M

8:45

YLAND 21215-0020

BALTIMORE, MAR

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Elizabeth Nahm Bradley

1 -

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

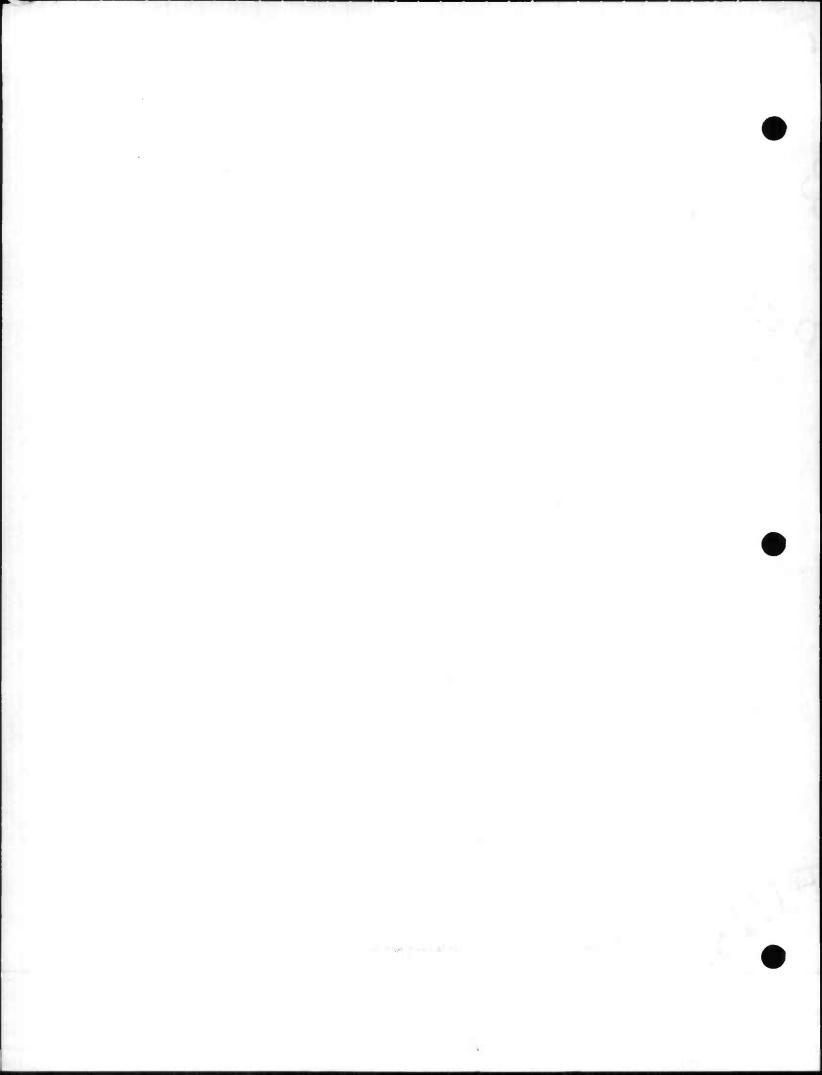
A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 - M 2 XF 183-22-3577 62 YRS. Dec. 13,1929 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR burtal-trained permit. Pages 1, 2, 3 419 Christopher Avenue #23 Gaithersburg Montgomery RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Gaithersburg 1 YES 2 X NO FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20879 419 Christopher Avenue #23 United States or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify: 8 Specify 3 Widowed 4 X Divorced for use as the White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Nahm Mary Hayward BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 shi Robert B. Bradley, Jr. Patra, Laguna Niguel, hours after death. Page 6 may be California 2 20s. METHOD OF DISPOSITION
1 X Burlal 2 Cromation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 10/8/92 DATE 20c. LOCATION — City or Tor must director, Holy Sepulchre Cemetery 4 Donation 6 Other (Specify) philadelphia, PA 22. NAME AND ADDRESS OF FACILITY
Robert A. Pumphrey Funeral Home/Rockville,
300 West Montgomery Avenue
Rockville, Maryland 20850-2805 examiner QNATURE OF FUNERAL BERVICE/LICENSEE n by the funeral c M00846 medical es, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, allure. List only one cause on each line. filled in by 1 Approximata ik, or heart failure. List only one interval Betwe 6 of The Bankers completely filled rial, cremation, o **IMMEDIATE CAUSE (Final Onset and Death** the disease or condition_ Carcenon resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician and con Health and Mental Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS been signed by or. of Health and 3 shows any lo AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 TO NO OF DEATH? 1 YES 2 NO PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? this certificate har with the State De riced, or item 2 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1XXYES 2 □ NO me 5 🕅 Residence 6 🗆 Other (Specify) 4 Nursing Ho 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT marked, 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investiga 1 X Natural 1 YES 2 NO After 1 8 2 Accident 28e. PLACE OF INJURY — At home, firm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Flural Floute Number, City or Town, State) E FUNERAL DIRECTOR: A d within 72 hours after dt RTANT: If Item 28 is 99 6 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER (Chack only 1 🗆 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. HOSPITAL 2 🔯 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. MPORTANT 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 포포을 0 cules D08546 October 7, 1992 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Tauber, M.D., 8218 Wisconsin Avenue #414, Bethesda, Maryland 31. DATE FILED (Month, Day Year) 32. REGISTRAR'S SIGNATURE '92

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

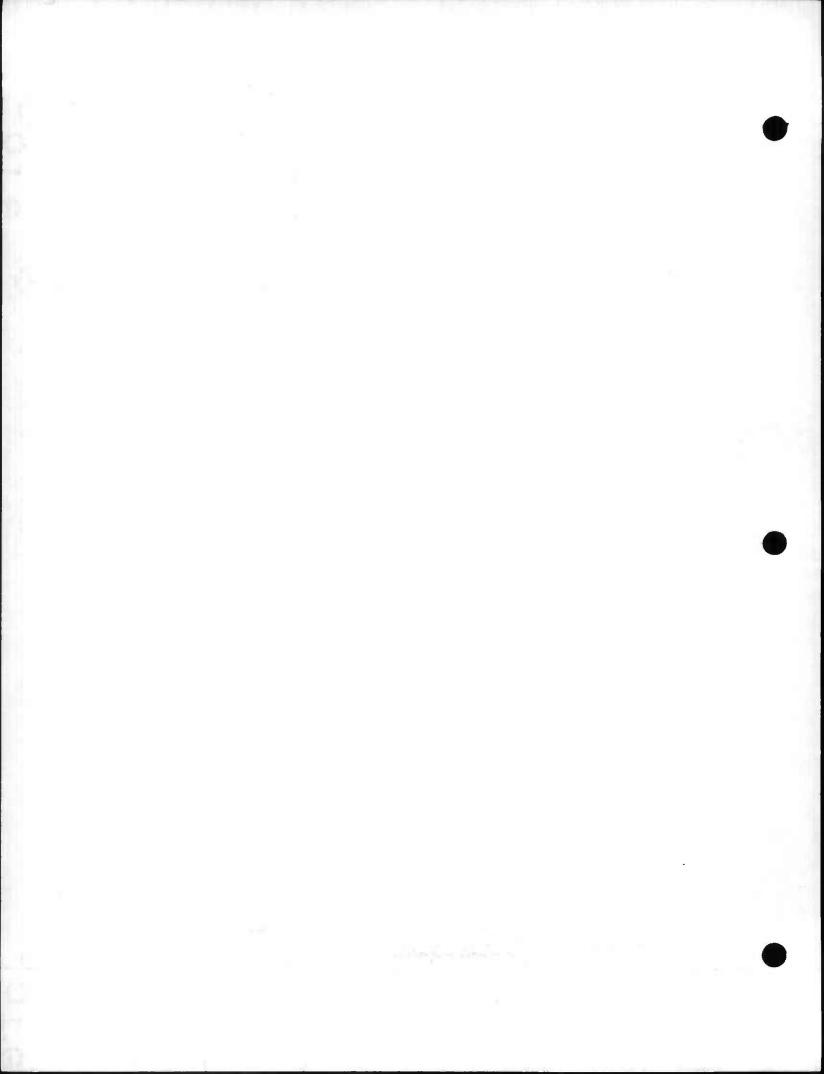
2. DATE OF DEATH

October 5, 1992



and the second of the second o	anjus	dles av	or other traumatic event the n	d or item 23 shows any injury	MONOTANT Hism 28 is marked or liam 25 shows any lailury or other trainments event the medical eventuary he nestitied at event
TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funear funds to should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to harrial cremation or removal	uners	by the fi	tending physician and completely filled at Hydiene prior to burial cremation	s certificate has been signed by the at the State Dent, of Health and Ment	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further plants after death with the State Dest, of Health and Mental Hydiene brion to burial cremation or removal
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death in the mained by the hospital or attending physician.	att.	s after de	ath certificate be executed within 24 no	rSICIAN: The law requires that the dea	TO THE HOSPITAL OR ATTENDING PHY
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, WARYLAND 21215-0020	P	BA	P.O. BOX 68760,	F VITAL RECORDS,	DIVISION

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.	
- 8	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	MARGARET McO	HEEN BILC	KINGHAM			MONTH	DAY	YEAR
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	OCTOBER 7. DATE OF BIRTH		
	213-48-6452	1 🗆 M 2 💢 F	91 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year APRIL 10	3,1901	BIRTHPLACE (State or Foreign Country) MARYLAND
	Se. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF DE			NTY OF DEATH
DIRECTOR	9407 HALE PLA	CE		SILVER	SPRING		MONT	TGOMERY
[[[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CT	Y, TOWN OR LOCAL	TION .			Lanca minima anni
E	A Committee of the comm	ONTGOMERY						10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	MIGOMERI	5	ILVER SP				1 X YES 2 NO
FUNERAL	9407 HALE PLACE			10	2091	0	USA	IZEN OF WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.Ş. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify		14. RACE — American Indian.
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YE		If yes, sp		n, Puerto Rican, etc.		Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF	BUSINESS/IND	WHITE
Щ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo se retired.)	st of working			
릴	12		HOMEMAK	ER				
0	17. FATHER'S NAME (First, Middle, Last)				18, MOTHER'S NA	ME (First, Middle, Mai	den Sumemei	
	JOHN B. Mc	OUEEN			JENNIE		JSSELL	
H	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or		Codel
2	JANET B. BATES					HOLLAND		
	20s. METHOD OF DISPOSITION	2	06. PLACE AND DATE					City or Town, State
	1 Donation 5 Other (Specify)	rval from State Ci	emetery, crematory or c	other place)				- Address of the second
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	OCK CREE		IN I ID ADDRESS OF FA		SHINGI	ron, D.C.
	Lett f.	00	/	FRANCI	S J. COL	LINS FUNE	ERAL HO	OME, INC. L. SP., MD 20901
	23 PART I. Enter the diseases, or e	orpolications that caus	ed the death. Do	not enter the mo	de of dving, suci	h as cardiac or re	aniratory arr	rest, Approximate
	shock, or heart fallers I IMMEDIATE CAUSE (Final disease or condition	list only one cause on	each line.	0		,		Interval Between
	resulting in death)	DHE TO JOH A	A CONTRIQUENCE O	- Week	u ge	relus dise	ک	ladys
_	24	Luca	on Von	1.10	10107	Llin	110	10 24 1
CERTIFICATION	Sequentially list conditions,	DUN TO LOR AL	A CONSEQUENCE O		cean	nexe	are	10 40
¥	If any, leading to immediate cause. Enter UNDERLYING	//		31				
프	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):				+
F	resulting in death) LAST							
EDICAL	PART II. Other significant conditions	contributing to death	but not resulting	in the underlying	ceuse given in	Part I. 24s. WAS	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
음							2 11-110	COMPLETION OF CAUSE OF DEATH?
ME								1 TES 2 NO
						_		
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. Pt	ACE OF DEATH (Ch	eck only one)		
Sic	1 VES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou	itpatient 3 DOA	OTHER:	5 M Residence	S Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY	7 28b, TIN	E OF 28c. INJ	URY AT	28d. DESCRIBE HO	W INJURY OCC	CURED
_	1 Natural 5 Pending	(Month, Day, Year)	IN.		RK? YES 2 NO			
BY	2 Deutstein	28e. PLACE OF INJUS	RY — At home, farm,			281. LOCATION (Str.	est and Number	or Bural Route Number
핃	4 Homicide B Could not be	building, etc. (Sp	ecify)	HG. HW. CO.		City or Town, St		a toma more remand,
	29e. CERTIFIER			erona reolesta				
COMPLETED	(Check only	CIAN: To the best of my kno						
8		. On the Desig of examinat	run and/or investigatio	on, in my opinion, d	earth occured at the	time, date and place	and due to the	e cause(s) and manner se stated.
BE	290 SIGNATURE AND TITLE OF CERTIFIER	105	1.11	V -	290 LICENSE NUN	IBER /	29d. DATE	E SIGNED (Month, Day, Year)
ē.	stone by	songs	the our	100	012	121	1/6	9-7-92
- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLE OF D	DEATH (ITEM 27) (Type	, Print)				
	JY29 FERRAR	A PR. W	HEATO	N. MO.	20906	2		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		,				
- 1	OCT 09 *92	Julie Davids	- Markett					



DHMH-16 Rev 1/89

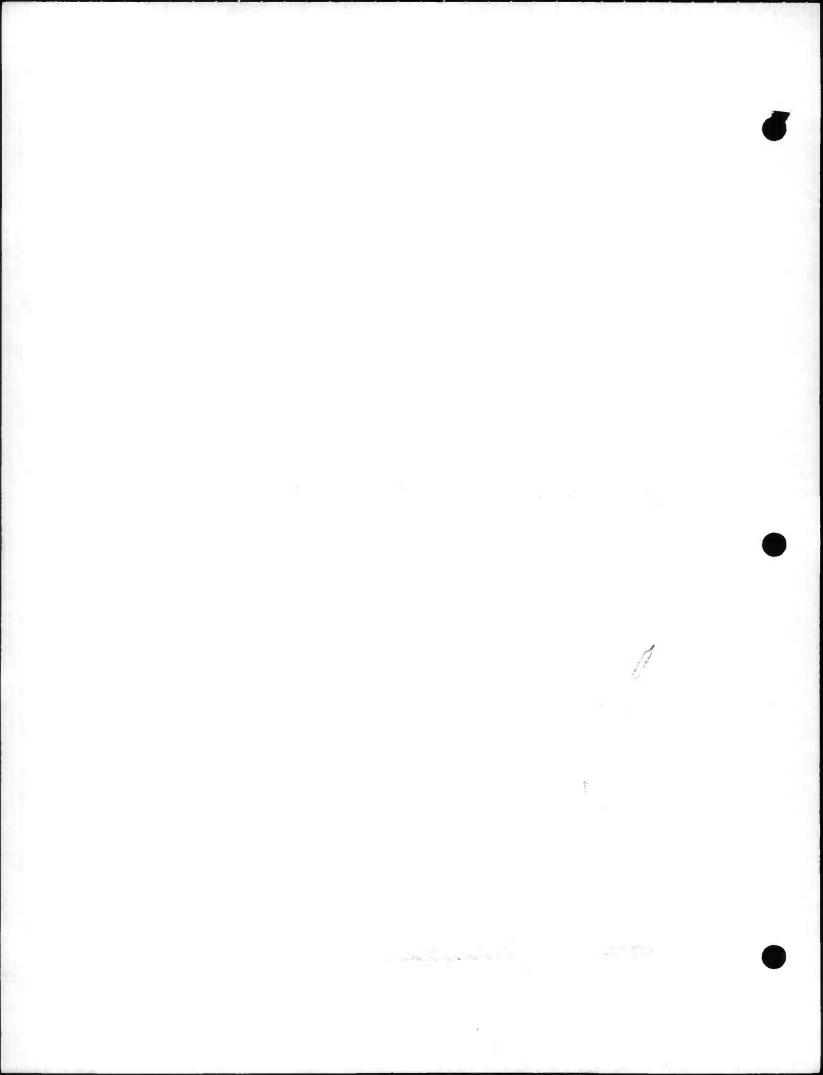
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

mending physician.	use as the burial-transit permit. Pages 1, 2, 3 should	1
(a)	T	
8	etro	nog
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the manual physicians. Intending physicians are secured within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at which

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF N	IARYLAND) / DEPARTI	MENT OF	HEALTH AND	MENTAL HYGIEN		
1. DECEDENT'S NAME (First	, Middle, Last)		131				2. DATE OF DEATH		3. TIME OF DEATH
Regin	ald	S.	Beard				October (5, 1992	5:25 PM
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	The second second	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0. BIF	TTHPLACE (State or Foreign
577-24-7874		1 M 2 🗆 F	73	YRS.	ONTHS DAYS	HOURS MIN.	June 3, 19		hington, DC
9a. FACILITY NAME (If not in	nstitution, give street	et and number)		9	b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF	
Suburban 1	Hospita	1			Po+1	nesda		Mamba	
RESIDENCE OF DEC	CEDENT							Money	omery
10a. STATE	10b. COUNTY			10c. CITY, 1	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
Maryland		gomery		Che	evy Cha	ase			1 X YES 2 NO
10a, STREET AND NUMBER					10	H. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
6810 Bre	nnon La:	ne				20815		United	States
11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1	EVER IN U.S.	ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		ACE — American Indian, ack, White, etc.
1 Never Married 2 X		IF YES, GIVE W	AR OR DATES			B 2 X NO Speci			ecity:
			War II						White
15. DEC (Specify only	EDENT'S EDUCA y highest grade co	TION Impleted)	16a.	(Give kind of work	k done durina m			SINESS/INDUSTRY	′
Elementary/Secondary (0	0-12)	College (1-4 or 5 +		ille. Do NOT use n	ĺ		Distri		
		2	C	nief Inv	vestiga	7		a Gover	nment
17. FATHER'S NAME (First, M						18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)	
William	Henr	<u>у</u> Ве	ard				<u>lerite</u>	Prescot	
19a. INFORMANT'S NAME (1				19b. MAILING AC	ODRESS (Street	and Number or Rural	Route Number, City or Tox	m, Stete, Zip Code)	
Audrey B. I				6810 Bi	rennon	Lane, Ch	nevy Chase	Maryla	nd 20815
20a, METHOD OF DISPOSIT	ION on 3 - Remove	al from State	cemetery	CE AND DATE OF I	r nlacel			CATION — City or	
4 Donation 5 Other	(Specify)		Gate	of Hea	even Ce	metery 1	.0/9/92silv	er Spri	ng, Maryland
21. SIGNATURE OF FUNERA		ISEE A A	MODE	331	22. NAME A	ND ADDRESS OF F	COUTY	ral Hom	0/
Darbar	asom	mulle	n Mar	Mance	Bethe	sda-Chev	y Chase, I	nc. 75	e/ 57 Wisconsin 814-3501
23. PART I. Enter the di shock, or h iMMEDIATE CAUSE (Fin disease or condition resulting in death)	esit failure. Lis	st only one ceu	se on each i	line.		ONFECT	ch as cardiac or resp	iratory srrest,	Approximats Interval Between Onset and Death
Sequentisity list conditi if sny, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING Iry c.	C MST	ROIN-	SEQUENCE OF): SEQUENCE OF):	or B	NIX LEFANG BRUTIO	<i>y</i>		
PART II. Other significa	MEROV	contributing to			75.		PERFO	RMED?	ABALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER?	1	IOSPITAL:		0	THER:	LACE OF DEATH (C/	neck only one)		
1 YES 2 NO	1	Sinpetient 2		3 DOA 4	☐ Nursing Hor		6 Other (Specify)		
↑ Netural 5	Pending Investigation	28a. DATE OF (Month, De	y, Ybar)	28b. TIME C	Y W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCURED	
3 Sulcide 6	Could not ba	28e. PLACE Of building,	Hc. (Specify)	home, farm, stre	et, factory, offic	:0	261. LOCATION (Street City or Yown, State,	and Number or Rura	al Route Number,
							to the cause(a) and ma		e(a) and manner as stirled.
296. SIGNATURE AND TITLE	Mistell	del				29c. LICENSE NU			ED (Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (I	ITEM 27) (Type, Pri	int)				
		BAKSHI		941	06 0	LO GEO	RGETOWN	RP. RI	BTHEINA
31. DATE FILED (Month, Day,		32. REGISTRA	R'S SIGNATUR	E		- >		, 10	70 20814
OCT 09	92	Julie &	wide	Bale BL					10 208147



	FOR 1 STATE		STATE OF N	MARYLAND	/ DEPAI	RTMENT	OF H	IEALTH	AND I	MENTAL HYGIEN	ΙE	9 6.	29021
	REGISTRAR				CERTIF					REG. NO			
	1. DECEDENT'S NAME (First	JE	URLA		uis J		Burl	las,	Jr.	2. DATE OF DEATH DON'TH D	19/2L	1/92	3. TIME OF DEATH 2235 M
	4. SOCIAL SECURITY NUME 228-20-9150		5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) April 16	1927	Countr	PLACE (State or Foreign 7) irginia
	Se. FACILITY NAME (If not in	stitution, give :			-11		TOWN D	R LOCATI	ON OF DE		-	INTY OF D	
DIRECTOR	SHADY O	KOVE	EADU	EWTS	HSP	1	Roc	ekvi]	Lle		1	Montg	omery
HE	10e. STATE	10b. COUNT			10c. Cr	TY, TOWN O							10d, INSIDE CITY LIMITS?
1	Maryland		ntgomery		1		Dama	ascus	5				1 TES 2 1 NO
FUNERAL	100. STREET AND NUMBER		ddleboro	Dr.			101	208			10g. CIT		VHAT COUNTRY?
15	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.		13. V	AS DEC	ENDENT C	OF HISPAN	IIC ORIGIN? (Specify Yer n, Puerto Rican, etc.)	or No-	14. RACE	— American Indian, r, White, etc.
B	1 Never Married 2 🔀 3 Widowed 4 Divo		IF YES, GIVE W					2€ NO				Speci	
TED	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	18a.	DECEDENT'S	work done d			ng	16b, KIND OF BU	SINESS/INI	DUSTRY	
COMPLET	Elementary/Secondary (0	1-12)	College (1-4 or 5		ssist	see retired.)			_	er T	exaco	Corp).
Š	17. FATHER'S NAME (First, M							18. MOT	HER'S NA	ME (First, Middle, Melden	Sumame)		
BE (ames Burl	as, Sr	•				Bess	sie Cook			
2	19a, INFORMANT'S NAME (1									loute Number, City or Tow			
-	Frances W.		as		1076	3 Mid	dleb	oro	Dr.	Damascus	, Md.	208	72
	20s. METHOD OF DISPOSITE COMMENTS OF THE PROPERTY OF THE PROPE	n 3 🗆 Rem	oval from State	20b. PLAC cemetery. Du.	cremetory or claney	of DISPOSI Other place!	TION (Na	lem.	9/28	DATE 20c. LO		city or To	
1	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			22.1	IAME AN	ID ADORE	SS OF FA				
	► Olmi	1.9	Moleona	th		2	640]	L Rid	lge F	d., Damas	cus,	Md.	20872
	23. PART I. Enter the di shock, or h	eart fallure.	complications the List only one cau	t caused the ise on each li	deeth. Do	not enter	the mo	de of dy	ing, suci	as cardiac or resp	iratory ar	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Fir disease or condition resulting in death)	nal -	CAR	2D1A	C +	ARI	LE.	ST	_				Onset and Death
z				(OR AS A CON	SEQUENCE C	DF):		W	unc	ARDIAZ	INF	ARCI	
CERTIFICATION	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY!	diate	DIL A	OR AS A CON	SEQUENCE O	1/1=	71		VS				Venvs
E	CAUSE (Disease or Inju that initiated events		DUE TO	(DR AS A CON	SEQUENCE C	1000				•			7000
CERT	resulting in death) LAS		d	NAZ	_ +	7471		25					ldeys
A P	PART II. Other significa	nt condition	s contributing to		t resulting	In the un	derlying	cause (given in	Part I. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
12	VASCULA	YLINUI	mult	Vuja	TP E	XP	EN	ME	3	1 □ YES 2			COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	VASCUL	TI	V&VFF2	Cer	ey	ore-	80	DUE	32	_	,		1 YES 2 NO
IA	25. WAS CASE REFERRED TO	O MEDICAL					26. PL	ACE OF D	EATH (Che	ick only one)			
Sic	1 WES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Nurs		• 5 □ Re	eldence	6 Other (Specify)			
		Pending	28a. DATE OF (Month, D		28b. TIR	_	28c. INJI WO			28d. DESCRIBE HOW I	NJURY OC	CURED	
ED BY	3 Suicide 8	Investigation Could not be determined	28e. PLACE O building,	F INJURY — At etc. (Specify)	home, farm,	street, facto				28f. LOCATION (Street City or Town, State)	and Numbe	r or Rural R	loute Number,
COMPLETED										to the cause(s) and mai			
SO	One) 2 MEDI	-		xamination end/	or Investigati	on, in my o	olnlon, de				d due to ti	he cause(s) and manner as stated.
TO BE	they.	2	mus	>				DZ	40	194 194	29d. DAT	7 Z	(Month, Day, Year)
	MARKT.	BIR.	AS MU	SE OF DEATH (7 M		AL	Gra	200	e Poul	CUIL	W	WD 2085
	31. DATE FILED (Month, Day, SEP 3	0 199		avidson-l	Pandelle								
			4			-	=				-		DHMH-16 Bey 1/89

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10763 Middleboro Dr., Damascus, Md. 20872

Dulaney Valley Mem. 9/28/92 Ohi I Molsonith

Timonium, Md. Olin L. Molesworth, P.A.

26401 Ridge Rd., Damascus, Md. 20872

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEAT			3. TIME OF DEATN
- 8	NINA (NMN) CORI	T 7				Octobe	r 13	92	6:20 A M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. NO URB MIN.	7. DATE OF BIRTI (Month, Day, Ye	n ar)	8. BIRTH Countr	PLACE (State or Foreign y)
						11-02			York
R	Physicians Mem				lata	ATN		arle	
5	RESIDENCE OF DECEDENT								
DIRE	Maryland Char	les		own on Location	ON				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL DIRECTOR	3223 West Da	le Court		10f.	2060	1	10g. CIT	USA	VNAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2. NO	If yes, spe	NDENT OF NISPAN city Cuban, Maxica 2 ANO Specify	n, Puarto Rican, al-		14. RACE Black Speci	E — American Indian, c, While, atc. My: White
	15. DECEDENT'S EDUCA		16a. DECEDENT'S US	JAL OCCUPATION	v	16b, KIND O	F BUSINESS/INC	DUSTRY	
COMPLETED	(Specily only highest grade co	College (1-4 or 5+)	(Give kind of work life. Do NOT use re Housew		t of working	Dome	stic		
\$	17. FATHER'S NAME (First, Middle, Lest)		110000W	1					
BE CC		David	W. DeGroat			ME (First, Middle, M Corwi			
10	James W. Coritz		19b. MAILING AD	Vest D	ale of	oute Number, City of Wal	dorf,	Code)	20601
	20e, METNOD OF DISPOSITION 1	al from State	Woodlawn	ON (Name of cem			e. LOCATION —		wn, State
	21. SIGNATURE OF INTERAL SERVICE LICES	NSEE	M00173	22. NAME AN	D ADDRESS OF FA	CILITY J.H.	Eber	weir	Mortuary
	John Ot Che	dulin		perv	ice La	riala,	MD 2	0046	
	23. PAST I. Enter the diseases, or conshock, or heart failure. Listing IMMEDIATE CAUSE (Final			enter the mod	le of dying, suc	h as cerdiac or	respiratory sr	rest,	Approximate interval Between Onset and Death
	disease or condition resulting in deeth) s.	DIGE TO JOH AS	A CONSEQUENCE, OF):	onary	CANYO	1			
EDICAL CERTIFICATION	Sequentielly liet conditions, if any, leeding to immediate	DUE TO JOHAN	- Vental	Carlos	faci	lure	5		
SAT	csuse. Enter UNDERLYING CAUSE (Disease or injury	Coror	wary He	art	Disca	<i>⊃e</i> .			
	thet initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
H	d.								
2	PART II. Other significant conditions	contributing to death	but not resulting in	the underlying	cause given in		AS AN AUTOPSY	240	. WERE AUTOPSY FINDINGS
2	Angina &	ndStage	Rend	disca	36	1 1 2	ES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Tehranic	Rende.	Vailure			_ ''''	ES 2 NO		OF DEATH? 1 YES 2 NO
2	- V Prilibert	Visa.	1			_		- 1	10 100 10 10
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL		*	26 PI	ACE OF DEATH (Ch	nok only one)			
2	EXAMINER?	HOSPITAL:		THER:					
₹	1 YES 2 NO	1 Ninpetient 2 ER/O			5 Residence	6 ☐ Other (Specification 28d, DESCRIBE I	·-	STIRED.	
	1 Natural 6 Pending	(Month, Day, Year	INJUR	Y WO	RK? ES 2 NO	200. DESCRIBE	TON INSONT OC	CONED	
B	2 Accident Investigation 3 Suicide 8 Could get be	28e. PLACE OF INJU	RY — Al home, larm, stre			28f. LOCATION (Street and Numbe	e or Rumi	Route Number
TED	3 Suncide 8 Could not be determined	building, atc. (S	necify)			City or Town,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI 2 MEDICAL EXAMINER:								a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			I	29c. LICENSE NUI	MBER			(Month, Day, Year)
BE	wath				D125	87	▶ /	0-1	3-92
5	30. NAME AND ADDRESS OF PERSON WHO G. Shankar Rath				d. Wald	orf M	D 2060	02	
	31. DATE FILED (Month, Day, Year)		GNATURE Bands		1,0020	, 11			
	α στ 1 / ε '92	Grekary	CATALOG TO PARTY AND AND AND AND AND AND AND AND AND AND						



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DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

ECEDENT'S NAME (First,									2. DATE	OF DEATH			3. TIME OF DEATH
C.	Edwa	rd	Coote	S					MONT	2	AY	YEAR 2	0725
		5. SEX	6. AGE (In yrs. le	st birthday)				-		OF BIRTH		8. BIRTHP	LACE (State or Foreig
216-03-58	68	1 ▼ M 2 □ F	89	YRS.	MONTHS	DAYS	HOURE	MIN.		110/1	903		
FACILITY NAME (If not ins	titution, give e	treet and number)			9b. CITY	TOWN (OR LOCAT	ION OF DE	, ,	10/1			
arroll Co	unty	Gen. H	lospita	1	W	est	min	ster			Car	rrol	1
SIDENCE OF DECI	EDENT												
				100.01									INSIDE CITY
STREET AND NUMBER	Va	TIOIT			W						ton CITIZ		YES 2 N
O1 St. Ma	rk W	av. Ana	rtment	312									AI COUNTAIT
MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AI	RMED		MAS DEC				17 (Specify Yes		14. RACE -	- American Indian,
		IF YES, GIVE V	MAR OR DATES	NO		f yes, sp	ectly Cub	an, Mexica	n, Puerto	Rican, etc.)			White, etc.
												W	hite
(Specify only	highest grade	CATION completed)	(0	live kind of	work done	furing mo	st of work	ing	16b	. KIND OF BU	SINESS/INDI	JSTRY	
Control of the Contro	12)	College (1-4 or 5	+)					es)					
	irilo f neti		V	ice	br.e.	31 Q (445010 414				acto	ry
		Conton											
		cootes		b. MAILING	ADDRESS	(Street o						Codel	
rs. Dorot	hv F	Conte											d
METHOD OF DISPOSITIO	ON							lav.					
Burial 2 U Cremation Donation 6 D Other (Specify)	oval from State	west.	matory or o	ter	Cer	note	7777	10/1	3 Wa	atmir	20+0	m MT
SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	TREE		22.	NAME A	D ADDRE	SS OF FA	CILITY		SLILLI	ISLE	C, MII
Rober	+ 17	Dani +++	Class			TI	CTS	run	era.	L Hom	e & (hap	el
				ath Do	201 00100	112	wa.	311111	g cor	na.	, wes	3 CML	Approximat
													i
quantially list conditions, leading to immed	lata	DUE TO	(OR AS A CONSE	OUENCE O	f):								
	lete IG y	c	(OR AS A CONSE										
ny, leading to immeduse. Enter UNDERLYIN USE (Disesse or Injurit initiated events juiling in death) LAST	lata IG y	DUE TO	(OR AS A CONSE	OUENCE O	F):								
iny, leading to immeduse. Enter UNDERLYIN USE (Disesse or injurit initiated events	lata IG y	DUE TO	(OR AS A CONSE	OUENCE OF	F):	dariying	cause	given in	Part I.	24s. WAS AN		1 A	WAILABLE PRIOR TO
ny, leading to immeduse. Enter UNDERLYIN USE (Disesse or Injurit initiated events juiling in death) LAST	lata IG y	DUE TO	(OR AS A CONSE	OUENCE OF	in the un	lis	ue				RMED?	1 6	WAILABLE PRIOR TO
ny, leading to immeduse. Enter UNDERLYIN USE (Disesse or Injurit initiated events juiling in death) LAST	lata IG y	DUE TO	(OR AS A CONSE	OUENCE OF	in the un	lis	ue	given in		PERFOR	RMED?	1 6	WAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
ony, leading to immed use. Enter UNDERLYIN USE (Disease or injurit initiated events suiting in death) LAST	it condition	DUE TO	(OR AS A CONSE	OUENCE OF	in the un	ul va	nec.	50011	-60	PERFOR	RMED?	1 6	WAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
my, leading to immed use. Enter UNDERLYIN USE (Disease or injurit initiated events suiting in death) LAST RT II. Other significan WAS CASE REFERRED TO EXAMINER?	it condition	DUE TO	deeth but not	resulting	in the un	26. PL	ACE OF E	DEATH (Ch	ack only on	PERFOR	RMED?	1 6	WAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
was case reference to	it condition	DUE TO d. a contributing to HOSPITAL: 10 Impatient 2 [26e. DATE OF	deeth but not less than the le	resulting	OTHEF	26. PL	ACE OF C	50011	eck only on	PERFOR 1 YES 2	NO NO	1	VAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
was case referred to examiner? 1 Yes 2 No Manner of Death	it condition MEDICAL	DUE TO	deeth but not less than the le	resulting	OTHEF	26. PL I: ling Hom 28c. INJ WO	ACE OF C	DEATH (Che	eck only on	PERFOR	NO NO	1	WAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
was case referred to Examiner? 1 Yes 2 No Manner of Death Was case referred to Examiner? 1 Yes 2 No Manner of Death Manner of Death Manner of Death Recident In	it condition MEDICAL lending westigstion	DUE TO 1. a contributing to HOSPITAL: 1 Interient 2 26e. DATE OF (Month, D) 26e. PLACE O	deeth but not a consecutive for the consecutiv	resulting	OTHER 4 Num	26. PL	ACE OF E	DEATH (Che	eck only on 6 Othe 28d. DES	PERFOR 1 YES 2 1 (Specify) CRIBE HOW I	NJURY OCCI	JRED	WAILABLE PRIOR TO OMPLETION OF CAL
was case referred to was case referred to the case of injurit initiated events suiting in death) LAST WAS CASE REFERRED TO EXAMINER? I YES 2 NO WANNER OF DEATH Accident In Suicide 6 C	it condition MEDICAL	DUE TO 1. a contributing to HOSPITAL: 1 Interient 2 26e. DATE OF (Month, D) 26e. PLACE O	deeth but not de	resulting	OTHER 4 Num	26. PL	ACE OF E	DEATH (Che	eck only on 6 Othe 28d. DES	PERFOR 1 YES 2 1 (Specify) CRIBE HOW I	NJURY OCCI	JRED	WAILABLE PRIOR TO OMPLETION OF CAL
was case reference to EXAMINER? Was Case referen	MEDICAL weeding execution to be exermined	DUE TO d. a contributing to HOSPITAL: 1 Provident 2 [26e. DATE Of (Month, D) 26e. PLACE O building,	deeth but not leave the section of t	OUENCE OF	OTHER 4 Num E OF UNITY M	26. PL 1: ling Hom 20c. INJ WO 1 1 v	ACE OF C	DEATH (Chu	Bck only on 6 Other 28d. DES	PERFOR 1 YES 2 1 YES 2 1 (Specify) CRIBE HOW II ATION (Street or Fown, State)	NJURY OCCI	JRED	WAILABLE PRIOR TO COMPLETION OF CAI
was case reference to EXAMINER? Was Case reference to EXAMINER? Was Case reference to EXAMINER? Was case referen	MEDICAL Meding mestigation to be stermined	DUE TO d. a contributing to HOSPITAL: 1 Impatient 2 [26e. DATE Of (Month, D) 26e. PLACE O building,	deeth but not leg AQ Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	DOA 20b. TIM INJ	OTHER 4 Num E OF UNITY M	26. PL :- ing Hom 20c. Inj ory, office	ACE OF C	DEATH (Chu	sck only on 6 Othe 28d. DES 28f. LOC City	PERFOR 1 YES 2 (Specify) CRIBE HOW II ATION (Street in or fown, State)	NJURY Occi	JRED Or Rural Ros	WAILABLE PRIOR TO OMPLETION OF CAL F DEATH! YES 2 NO
was case reference to examiner? I Yes 2 NO MANNER OF DEATH Marural 6 P Accident In Sulcide 6 C Homicide 1 CERTHIER CERTIFIER (Check only one) 2 MEDIC	MEDICAL MED	DUE TO d. a contributing to a contributing to a contributing to a contributing to a contributing to building, CIAN: To like best of a	deeth but not leg AQ Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	DOA 20b. TIM INJ	OTHER 4 Num E OF UNITY M	26. PL :- ing Hom 20c. Inj ory, office	ACE OF E	DEATH (Chr. estdence NO no due red at the	sck only on 5 Othe 28d. DES 28f. LOC City to the cautime, date	PERFOR 1 YES 2 (Specify) CRIBE HOW II ATION (Street in or fown, State)	NJURY OCCI	JRED JRED A Rural Rocal d. cause(e) a	WAILABLE PRIOR TO OMPLETION OF CAU TO EATH YES 2 NO Ite Number,
was case reference to EXAMINER? Was Case reference to EXAMINER? Was Case reference to EXAMINER? Was case referen	MEDICAL MED	DUE TO d. a contributing to a	deeth but not a consecutive for the consecutiv	DOA 20b. TIM INJ	OTHER 4 Num E OF UNITY M	26. PL :- ing Hom 20c. Inj ory, office	ACE OF E	DEATH (Chu	sck only on 5 Othe 28d. DES 28f. LOC City to the cautime, date	PERFOR 1 YES 2 (Specify) CRIBE HOW II ATION (Street in or fown, State)	NJURY OCCI	JRED JRED A Rural Round d. cause(s) a Signed (A	YES 2 NO
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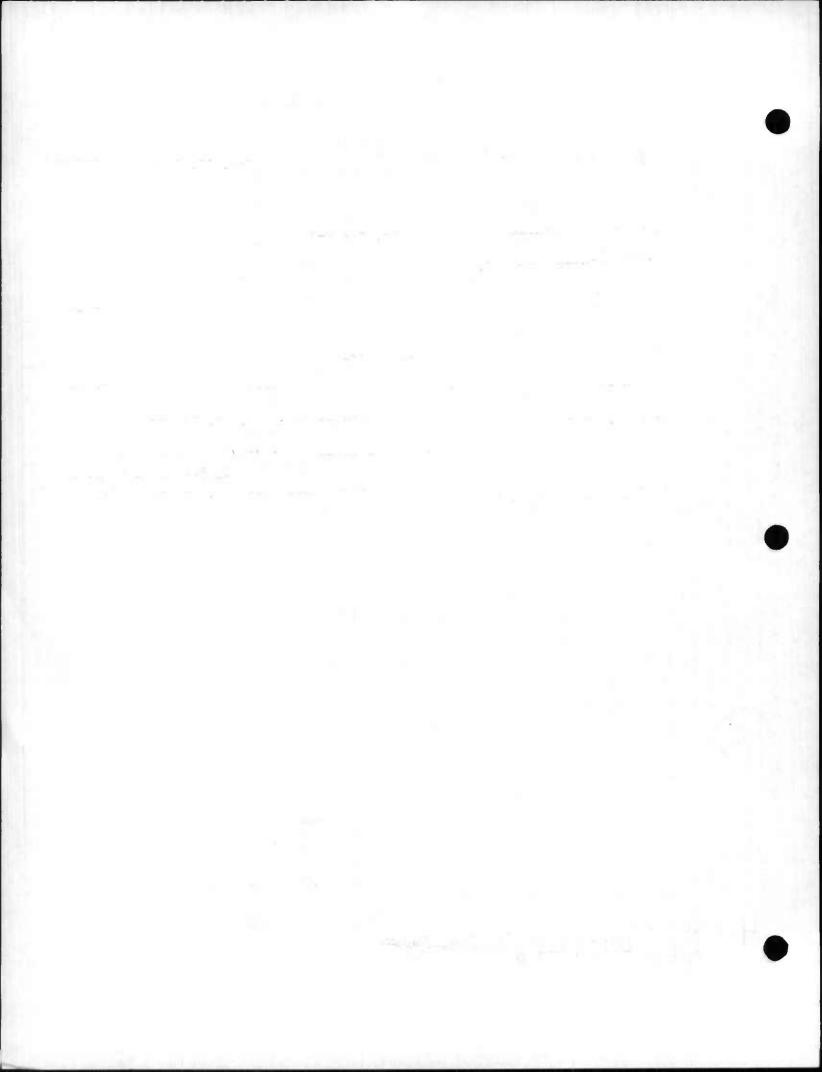
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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	TO THE HOSPITAL OR ATTENDIANS PHYSICAN: The Impropries that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After the commons have signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after earth with the State Bear of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT, if item 28 is marked. Them 23 mays any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH	AND	MENTAL HYGIENE
CERTIFICATE OF DEAT	ГН	REG. NO.

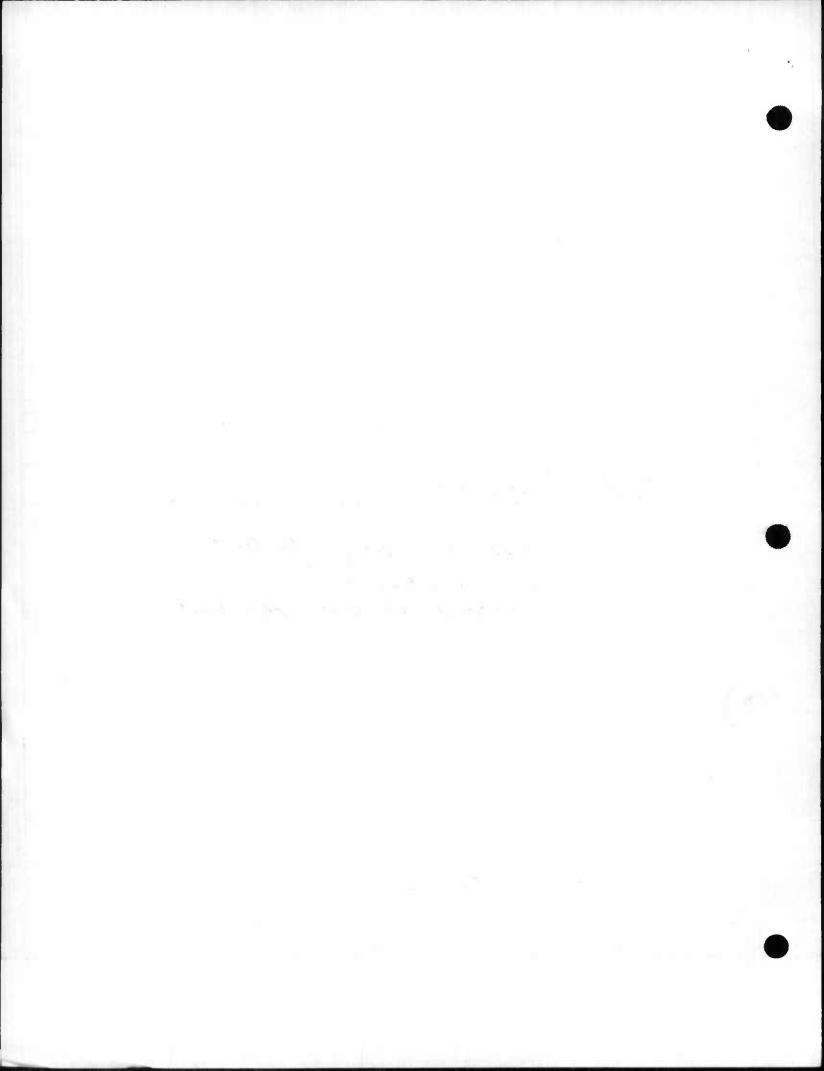
	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM CERTIFIC			MENTAL HYGIEN	E	20024	
	1. DECEDENT'S NAME (First, Middle, Last) Mabel Lee		Chew			2. DATE OF DEATH MONTH October 6, I	092 YEAT	3. TIME OF DEATH	
				UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		TTHPLACE (State or Foreign	
	2212-26-4455		69 YRS.	NTHS DAYS	HOURS MIN.	Jan. 17		Maryland	
DIRECTOR	9a. FACILITY NAME (If not institution, give street Calvert Memorial Hosp RESIDENCE OF DECEDENT		96		rederick	EATH	oc. county of		
3	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATI	ON			10d. INSIDE CITY	
2	Maryland Cal	vert	St.	Leona	rd			LIMITS?	
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
KER	1225 Calvert B				20685		US	SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MO	If yes, spe		IIC ORIGIN? (Specify Yes in, Puerlo Rican, etc.)	or No- 14, R/	ACE — American Indian, ack, White, etc. secily: Black	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mos		16b. KIND OF BUS	INESS/INDUSTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)							
NO	17. FATHER'S NAME (First, Middle, Last)		House	wile	18 MOTHER'S NA	ME (First, Middle, Malden :	Cumama)		
	Maurice	Bro	oks		Agn		surname)	Jones	
BE	19a, INFORMANT'S NAME (Type/Print)			DRESS (Street or	0	Route Number, City or Town	State Zin Code)	001100	
5	Teresa A. Toye					Rd. St. Le		MD 20685	
	20a METHOD OF DISPOSITION 1 ABuriel 2 Cremetion 3 Remove 4 Donation 6 Other (Specify)		ACE AND DATE OF D y, cremetory or other Olland C				CATION — City or	The state of the s	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		orrand C		D ADDRESS OF FA		untingt		
	· Spencer	ESewal	Q	1451 1	ares Be	Sewell ach Rd. Pr	ince Fr	1 Home ed., MD20678	
	23. PART I. Enter the diseeses, or cor shock, or heert fallure. Lie	mplications that caused the at only one cause on each	e death. Do not	enter the mod	le of dying, auc	h as cardiac or reapi	retory arrest,	Approximata Interval Between	
	IMMEDIATE CAUSE /Finel			45	i	1 9 1		Onset and Death	
	disease or condition resulting in death)	SeAsis of aud	ind (ov	y stegg	e Near	T tailur	9	3 days	
_	-	alictrated	divo	wfood	od aff	prost la	10.4	a second to	
임	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CO	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Prior surgery for perforated pepticular lyear DUE TO (OR AS A CONSEQUENCE OF):						
<u>8</u>	CAUSE (Disease or Injury	prior surg	ery fe	v ber	feratec	seatic u	does	Lugar	
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEOUENICE OF):	,					
E	d.,								
AL	PART II. Other algnificant conditions	contributing to deeth but r	not resulting in ti	he underlying	ceuse given in	Part I. 24a. WAS AN A		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	dialietes me		eft mi	ddle	Charles	œl 1 □ YES 2		COMPLETION OF CAUSE OF DEATH?	
MEDIC	artery strok	6.						1 YES 2 NO	
PHYSICIAN:	- 3								
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL/	ACE OF DEATH (Ch	ack only one)			
14S	1 VES 2 NO 1 27. MANNER OF DEATH	Inpatient 2 ER/Outpatier 26e. DATE OF INJURY	11 3 DOA 4 [Nursing Home		6 Other (Specify)			
4	1 Natural 5 Pending	(Month, Day, Year)	26b. TIME OF	WOR	RY AT RK7 ES 2 NO	26d. DESCRIBE HOW IN	JURY OCCURED		
8	2 Accident Investigation 3 Suicide 6 Could not be	260. PLACE OF INJURY - A	At home, farm, stree			26f. LOCATION (Street a	nd Number or Run	al Boute Number	
ETED	4 Homicide determined	building, etc. (Specify)				City or Town, Stete)			
P	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge	e, death occurred at	t the time, date o	and place, and due	to the cause(s) end man	ner es stated.		
COMPL		On the basis of examination end	d/or investigation, in	n my opinion, de	ath occured at the	time, date end place, end	due to the caus	e(e) end manner es stated.	
w I	29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Sociation Fears, 120 Hospital Ar. Ar. Frederick MD 20676. 31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE OCT 13 1992 Julia Javidson-Randalle								
0 8	//				039	522	10/8	3/01	
	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	(o A	1 7		4		
	31. DATE FILED (Month, Day, Year)	22000	Ligitoti (al 131	· rr.t	redenick	MD 2	0676.	
	OCT 1 3 1992	Julia Davidson	- Randelle						
	001 1 3 1332	- I deminde							



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ON ATTENDING PRINCIPAL TO THE PRINCIPAL TO THE PROPERTY OF THE PROCURED WITHIN 24 MOUNTS ATTENDED OF THE PROPERTY PRO	DIRECTOR: After this certificate has presented by the intenting invalous and completely filled in by the funeral dir		lem 28 is marked or item between the property and the market are market
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STATE OF MARYLAND / DEPARTMENT		MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

		for 1 - STATE REGISTRAR	STATE OF MARYLA	ND / D	DEPART	MENT CATE	OF H	EALTH AND DEATH	MENT	AL HYGIEN		w (m	20020
		1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATH	AY	WEAR	3. TIME OF DEATN
	1	Elvie Ann	Cusic						Ö	tober,	8, 1	992	1:35 A.m
				yrs. lest b		IF UNDER	1 YEAR	IF UNDER 24 HRS.		TE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
		3//-26-0362	1 M 2 🖾 F 72	2	YRS.			mounts with,	11	11/22/1919 Maryland			
1.	.	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN							EATN	N 9c. COUNTY OF DEATH			
	5	St. Mary's Nursin	g Center			Le	onar	dtown			St	. Ma	ry's
1 2		10a. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION						_				10d. INSIDE CITY	
Ž	5	Maryland St. M	Maryland St. Mary's Mechanicsville										LIMITS?
3	1	10e. STREET AND NUMBER					101	ZIP CODE			10g. CITI	ZEN OF Y	VHAT COUNTRY?
E SOUND AS		3855 New Market Tu	rner Road					20659				U.S	.A.
	5	11. MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARME	D	13.	WAS DEC	ENDENT OF NISPA	NIC ORK	SIN? (Specify Yes	or No-	14. RACE	- American Indian, t, White, etc.
2	- 11	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT			If yes, specify Cuban, Mexican, P. 1 YES 2 NO Specify:				o riceri, etc.)		Speci	lly:
		15. DECEDENT'S EDUCAT	TION I	16a. DECE	DENT'S I	ISLIAL O	CCLIDATIO	M		6b. KIND OF BU	DINESS (IND	HOTOV	White
COTT		(Specify only highest grade co.	mpleted) College (1-4 or 5 +)	(Give	kind of wo	ork done (during mo	of working		OB. KIND OF BU	SINE 33/IND	USINT	
ō		8th Grade		Но	usew	ife					Home		
once.		17. FATHER'S NAME (First, Middle, Last)						18. MOTNER'S NA	ME (Fire	t, Middle, Maiden	Surname)		
E H		James Clarence	e Wood					Mary		Etta	I	Long	
TO TO	- 11	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural					
2 1		Joseph Elwood Cus:		38	355 1	Vew	Mark	et Turne	er F	Rd. Mech	nanic	svil	le, Md.20659
te l		20a, METNOD OF DISPOSITION 1 & Burial 2 Cremation 3 Remove	al from Btate 20b.F	PLACE AND	DONTE OF	F DISPOS	ITION (Na				CATION —		
E	1	4 Donation 5 Other (Specify)		lery, creme Jos	seph					/92 Moi	rganz	a, M	laryland
를	Н	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A.											
- exa		P.O. Box 270 Leonardtown, Maryland 20650											
event, the medi		23. PART/I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such se cerdiec or respiratory arrest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) BUE TO (DR AS A CONSEQUENCE OF): Approximate Interval Between Onset end Death Onset end Death											
injury, or other traumatic event, the medical examiner must be notified at once. AL CERTIFICATION		Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. PLUMONICA DUE TO (OR AS A CONSEQUENCE OF): C. CERRAD VAS (i.u. A ACUICACUICA DUE TO (OR AS A CONSEQUENCE OF): d.											
ed, or item 20 tipe any into PHYSICIAN: MEDICAL		PERFORMED? 1 VES 2 NO PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND			
Z													
The state of the s			OSPITAL:			ОТНЕР		ACE OF DEATH (Ch	eck only	one)			
marked, or Item BY PHYSICIA			☐ Inpetient 2 ☐ ER/Outpet	_	DOA 4	Nun	ing Home	5 🗆 Rasidenca					
P. E	-	27. MANNER OF DEATH 1 VNetural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	2	Bb. TIME INJU	RY	28c. INJU WOI	RK?	28d. D	ESCRIBE NOW II	NJURY OCC	URED	
B B	1	2 Accident Investigation	See By ACE OF BUILDING			М		ES 2 NO	_				
28 is		3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
MPORTANT: If item 2 O BE COMPLET			N: To the best of my knowled) and manner as stated.
ORTA	- 11	206. SIGNATURE AND TITLE OF CERTIFIER	10111-					29c. LICENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Year)
TO B		15.1	we					D33470			•	Octo	ber 9, 1992
1		30. MAME AND ADDRESS OF PERSON WHO C								· · · · · · · · · · · · · · · · · · ·			
		Bhasker Jhaveri,	M.D.		nardi	cown	, Ma	ryland					
		31. DATE FILED (Month, Dey, Year) OCT 0 9 192	32. REGISTRAR'S SIGNAT		andal	2							



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O. BOX 68760,	certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or
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DIVISION OF VITAL

BY

COMPLETED

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use as the burial-transit ğ detached once. funeral director, page 5 should be Ħ notified 90 must examiner filled in by the the medical cremation, or completely event, prior to burial, traumatic minimizing physician other à ē Injury. amy has the Dept. OR ATTENDING PHYSICIAN: The law 23 After this certificate hadeath with the State D : marked, or Item Hem After 1 TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR; Afte be filed within 72 hours after deal IMPORTANT; If Item 28 Is m

permit. Pages 1, 2, 3 should

29626 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME-QF DEATH YEAR IDA LOUISE 9 COCKRELL 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 218-24-1248 1 - M 2 F 63 11 - 6 - 28MD 9e. FACILITY NAME (If not institution, give etreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Frederick Thurmont 1- YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 4 East Street 21788 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Slack, White, atc. 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TES 2 NO Specify BY Specify: 3 🔀 Widowed 4 🗌 Divorced white COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only high 8 homemaker n/a 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Howard Frederick Drury BE Rhoada Belle Virts 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert Cockrell East Street Thurmont. 21788 Md 20e. METHOD OF DISPOSITION
1

↑ Buriel 2

☐ Cremetion 3

☐ Real 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Frederick, Md. 4 🗆 Donation S 🗀 Other (Specify) Olivet Cemetery 9/21 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STAUFFER FUNERAL HOME, P.O. BOX 1819 Frederick. Maryland 21702 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on Interval Retween IMMEDIATE CAUSE (Final Onset and Peath lu resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PHYSICIAN: MEDICAL

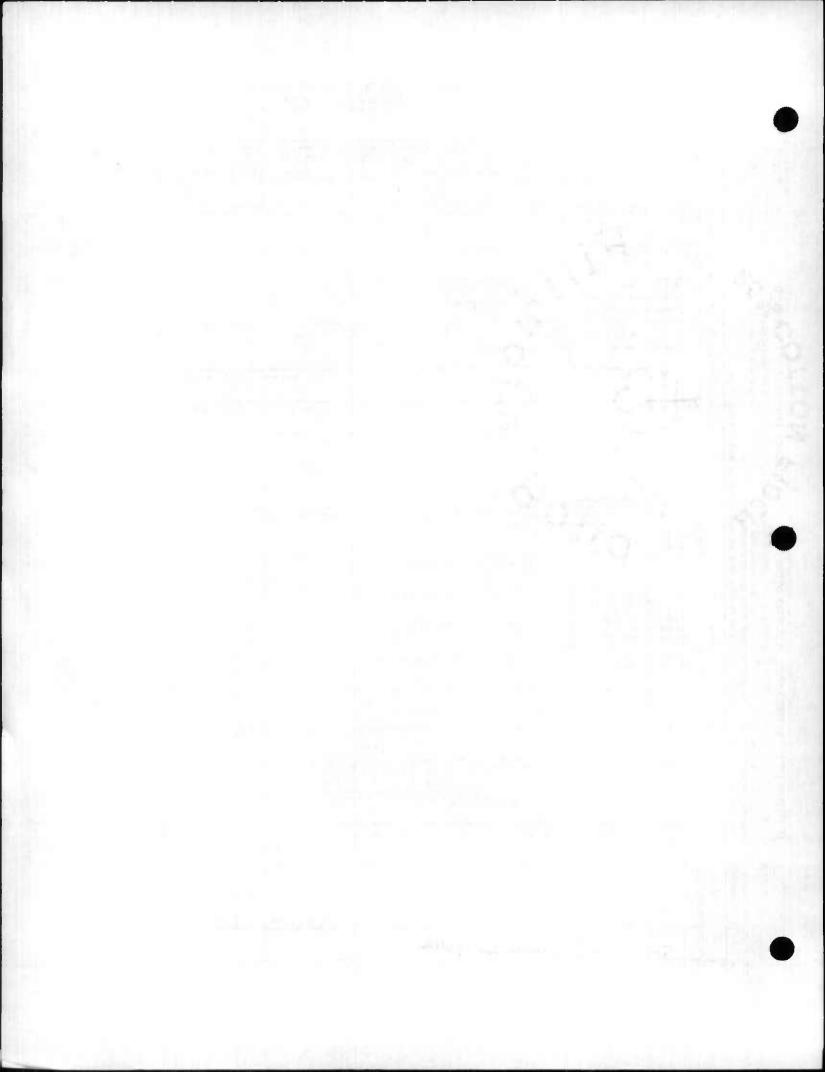
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only					ck only on	PERFORMEO? 1 YES 2 NO PERFORMEO? 1 YES 2 NO PERFORMEO? 1 YES 2 NO		
EXAMINER?	HOSPITAL: 1. Thetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 0					(Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		TIME OF INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK? M 1 YES 2 NO				ED	
3 Suicide e Could not be	20e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify)					OCATION (Street and Number or Rural Route Number, ity or Town, State)		

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated.

Frina Davidson-Randall

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner ee stated.

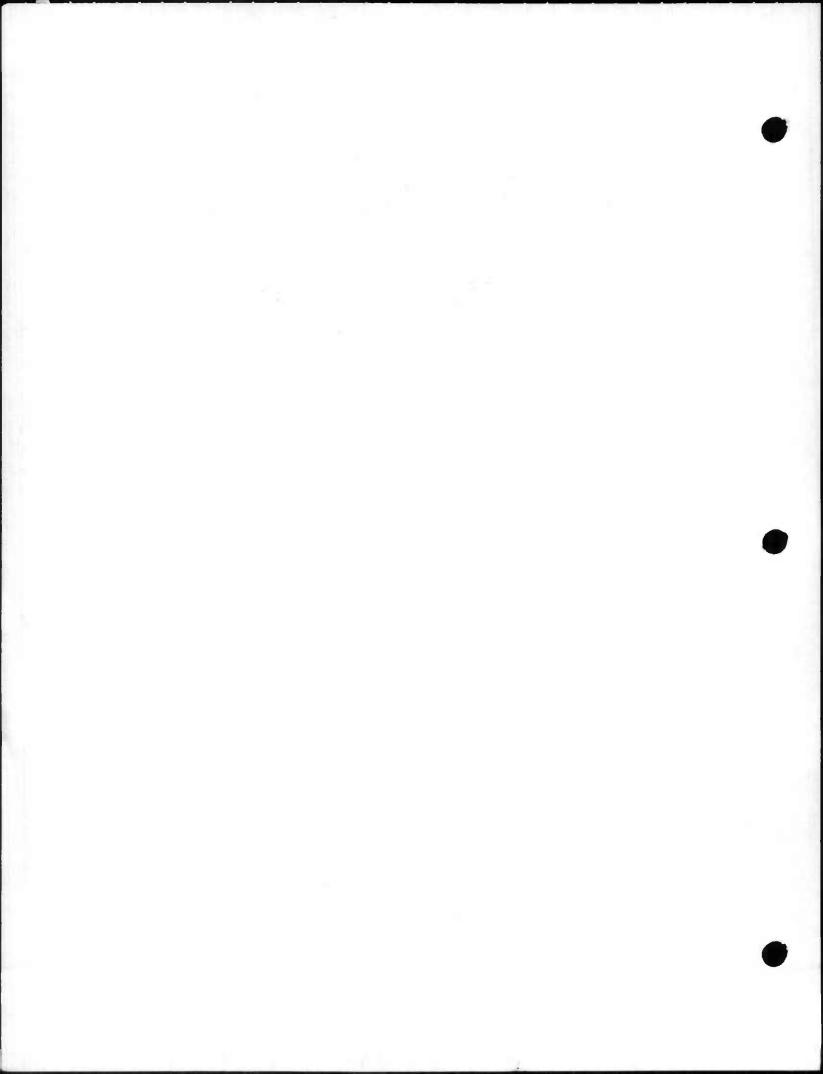
Rapet lange	DO 5 LII	P 9 18/95
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		
Robert S. Hughes	Frederick,	ml
DATE OF THE STATE		



BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	TSICAN The war mouries that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.	comments are signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	on, or removal.	se medical examiner must be notified at once.
OF VITAL RECORDS, P.O. BOX 68760,	HYSICAN The par inquires that the death certificate be executed within 2	this certifician and completely in the attending physician and completely	in well the state does of Health and Mental Hygiene prior to bunal, cremation, or removal.	arked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR After	be filed within 72 hours after death	IMPORTANT: If Item 28 is ma

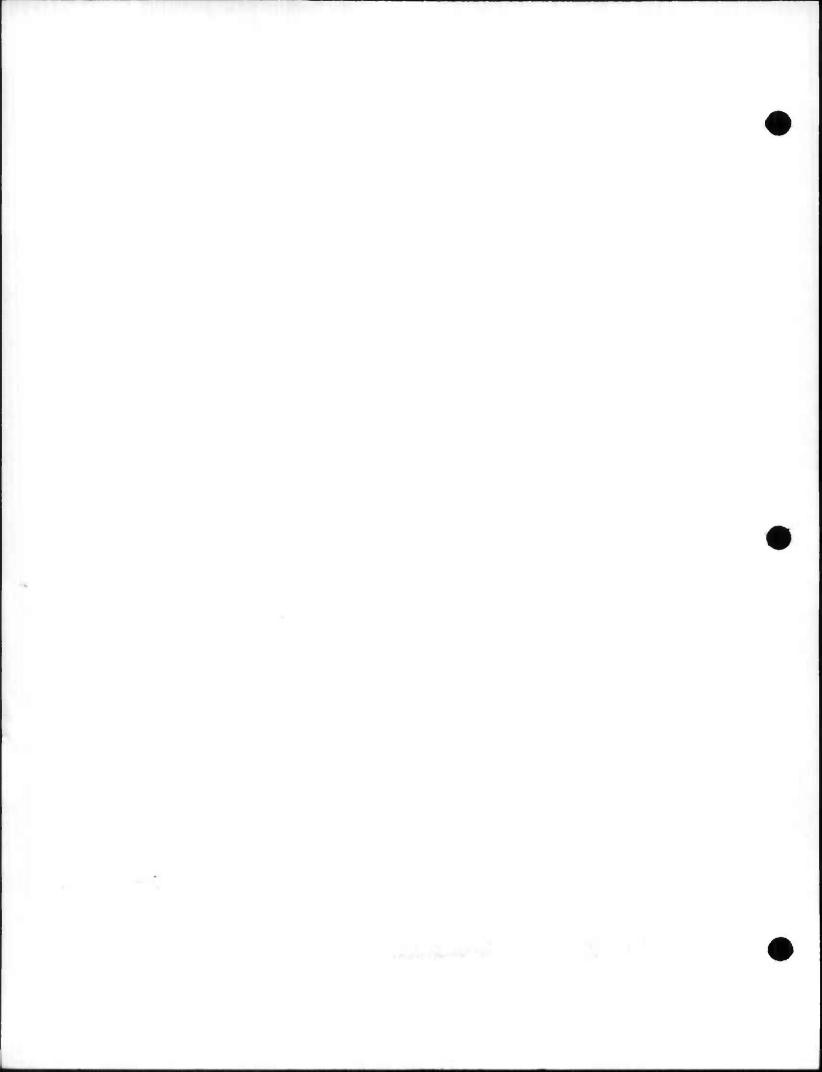
	REGISTRAR		CERTIFIC	CATE OF	DEATH	R	EG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	GEORGE A	TVILL C	ONNER		2. DATE OF 1	PLAN.	§ 2	3. TIME OF DEATH 12:13 P M				
	215-10-1597	№ 2 □ F 88		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De 06 - 0	(Year) 9 - 0 4	Country	PLACE (State or Foreign				
TOR	9a. FACILITY NAME (If not institution, give stree G.B.M.C. 6701 N RESIDENCE OF DECEDENT			TOWS	OR LOCATION OF DE	HTA		NTY OF DE					
DIRECTOR	10s. STATE 10b. COUNTY	TIMORE	10c. CITY,	TOWN OR LOCAL	VILLE				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 13801 YORK RD			10	21030			IZEN OF W	THAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexicar 2 NO Specify	n, Puerto Rican			14. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mo	ON at of working	16b. KIN	D OF BUSINESS/INC	DUSTRY					
₹	12	5+	In	<u> </u>		Admi	nist/Fxa	cuti	vo				
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	Administ/Fxecutive ME (First, Middle, Maiden Surname)							
BE	Rev. Atvill Conne	<i>r</i>	19b. MAILING A	DORESS (Street a	Oda and Number or Bural R	Neids	g Stauf	On Code)					
2	James A. Conner								A				
ļļ	20a. METHOD OF DISPOSITION	206.	PLACE AND DATE OF	DISPOSITION (N	ipeak Ave	DATE	20c. LOCATION —	City or Tox	4 State				
1	1 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	I from State	etery, cremetory or other.										
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	· varver	22. NAME A	ND AODRESS OF FAC	SILITY	Z FAOGOA	ACR,	MD				
	Stauffer Funeral Homes, P.A. P.O. Box 1819 Frederick MD 21702												
	23. PART I. Epter the diseases, or com	nplications that caused	the death. Do no	t enter the mo	de of dying, suct	as cardiac	or respiratory an	reat,	Approximate				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence or):													
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE. (Disease or Injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other algnificant conditions of	contributing to death bu	it not resulting in	the underlyin	g cause given in i	Part I. 24a	. WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS				
EDICAL	Carcinoma	6 6	colo.				PERFORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE				
MED	Ceresions	calm ac	cident			_ '	YES 2 NO		OF DEATH?				
ä	Pepti alu	- dife 11	L										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OCDITAL.			ACE OF DEATH (Che	ock only one)							
Si		OSPITAL:		OTHER: Nursing Hore	e 5 🗆 Residence	6 Other (Sp.	ecify)						
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT RK? res 2 No	28d. DESCRIE	BE HOW INJURY OC	CURED					
TED	3 Suicide 6 Could not be 4 Hornicide datermined	28e. PLACE OF INJURY building, etc. (Speci		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEGICAL EXAMINER: 0								and manner as stated,				
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	. mo	Aft	40,49	29c. LICENSE NUM 037	BER 0/6	29d, DAT	E SIGNEO	(Morth, Day, Year) 19/92				
-	30. NAME AND ADDRESS OF PERSON WHO C	CPN 3	TH (ITEM 27) (Type, F 334 Pa	rine) ner m	71 RD.	140	e 4.X ,	m0	21131				
	SEP 4 1 1992	32. REGISTRAR'S SIGNA	TURE										
		AT PUNCUTUTUTUTUTUTUTUTUTUTUTUTUTUTUTUTUTUTU	OF THE PART OF THE PARTY OF THE										



9	2		2	0	0	2	
_		_					_

	REGISTRAR		CI	EKIIF	ICALE	OF	DEAL	Н	RI	EG. NO.			
1	t. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF C	EATH DA	v	YEAR	3. TIME OF OEATH
	Edward W. Colbert	Sr.							Octobe				2:15 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER		7. DATE OF B	IRTH		8. BIRTHE	PLACE (State or Foreign
1	522-28-5166	1 🔀 M 2 🗆 F	72	YRS.	MONTHS	THE DAYS HOURS MIN. (Month, Day, Year) July 8, 1920				Co10	rado		
	9a. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY,	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF							
Œ	Shady Grove Nurs	ing Home			Cai	Gaithersburg Montgo					ntaan	nerv	
DIRECTOR	RESIDENCE OF DECEDENT				Jai	CHE	- 3 D U	-6			PIO	regon	псту
Ä	10a. STATE 10b. COUNTY	1		10c. CIT	CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?		
ä	Maryland Mont	gomery		Ga	ither	sbu	rg						1 X YES 2 - NO
AL	10e. STREET AND NUMBER					101	. ZIP CODI	E			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	16008 Charles Hi	11 Drive				1 2	20878	3			US	A	
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMEO	O 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Cuban, Mexican, Puerto Rican, a				pecity Yes	or No-	14. RACE	— American Indian,	
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	XYES 2 1	NO			ecity Cube 2 NO			, etc.)		Specify	, White, etc.
BY	3 X Widowed 4 Divorced	WW	II			44						W	nite
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade	CEDENT'S	USUAL OC	CUPATIO	ON at of working	007	16b. KIN	D OF BUS	INESS/IND	USTRY			
Щ	Elementary/Secondary (0-12)	se retired.)			-								
P P	11		Pri	inter					Ba	nkin	g		
Ö	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NAM	ME (First, Middle	e, Maiden	Sumame)		
BEC	Jesse Colbert						Ett	a Ma	rtin				
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural A	loute Number, C	alty or Town	n, State, Zip	Code)	
2	Edward W. Colber	t, Jr.	1	L6008	Char	rles	Hi1	1 Dr	ive-Ga	ithe	rsbu	rg, l	MD 20878
	20g. METHOD OF DISPOSITION 1 XBurlai 2 Cremation 3 Rem		20b, PLACE	OF DISPO								City or Tox	
	1 [XBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	Shrine	e of	Remen	nbra	nce	Ceme	terv	Co1o	rado	Spr	ings, Co.
21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	DeVol Funeral Home - Gaithersburg, MD208												
	23. PART X. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, Approximate												
ahock, or heart fallure. List only one cause on each line.												Approximata interval Between	
	IMMEDIATE CAUSE (Final											Onset and Death	
	disease or condition resulting in desth) . F. M. Stage Demeura												
	DUE TO YOR AS A CONSEDIUENCE OFF												
Z	Sequentially list conditions . Multiple V Decubiti												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury) CAUSE (Disease or Injury)												
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	· NISR	HIENCE DEL					0	1960	ME	2		
	that initiated events	DUE TO	(OR AS A CONSE	EQUENCE OF):				_					
H	resulting in death) LAST	d	7										
	PART II. Other significent condition	ns contributing to	death but not	ot resulting in the underlying cause given in Par					Part I. 24s. WAS AN AUTOPSY		24h	WERE AUTOPSY FINDINGS	
EDICAL					any will			er		PERFOR	RMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ā							-		1	YES 2	(X NO		OF DEATH?
Σ													1 YES 2 NO
z l													n/a
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF D	EATH (Che	eck only one)				
YSI	1 TYES 2 XNO	1 Inpetient 2		-	4 🖄 Nuri	alng Hon		ealdence	6 Other (Sp				
H	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, D		28b. TIN	JURY	WC	JURY AT DRK?		26d. DESCRI	BE HOW I	NJURY OC	CURED	
BY	1 X Natural 5 Pending 2 Accident Investigation		М		YES 2	NO							
	3 Suicide 6 Could not be	ome, farm,	street, fact	ory, offic	en .		281. LOCATIO City or To	N (Street i own, State)		r or Rural F	Route Number,		
1	4 Homicide detarmined												
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, d	leath occur	red at the ti	lme, dete	and place	, and dua	to the cause(a	a) and mai	nner aa sta	ted.	
MC	one) 2 MEDICAL EXAMINI	ER: On the beals of a	xamination and/or	Investigati	on, in my o	pinion, d	death occu	red at the	time, deta and	place, ar	d due to t	he cause(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	R	. /				29c. LIC	ENSE NUM	MBER		29d. DA1	E SIGNED	(Month, Day, Year)
BE	5- Alsi10	Lauge	0				2	120	91 1	\	MA) - 2	2-97
유	30, NAME AND ADDRESS OF PERSON WE	10 COMPLETED CAN	SE OF DEATH (IT	EM 27) (7km	e. Print)			210	11 1		19		-
		0				T	7411.	0.5 A		0 10	0-2	+ l:	20879
	Suhair H. Abulfar		AR'S SIGNATURE	Mont	gome	ry V	ттта	ge A	.ve., #	G-IC	Ga1	cner	sourg, MD
	OCT 07 92		evil.										
	001 01 32	June 1	ALVIEL AND AND AND AND AND AND AND AND AND AND	Conto III									

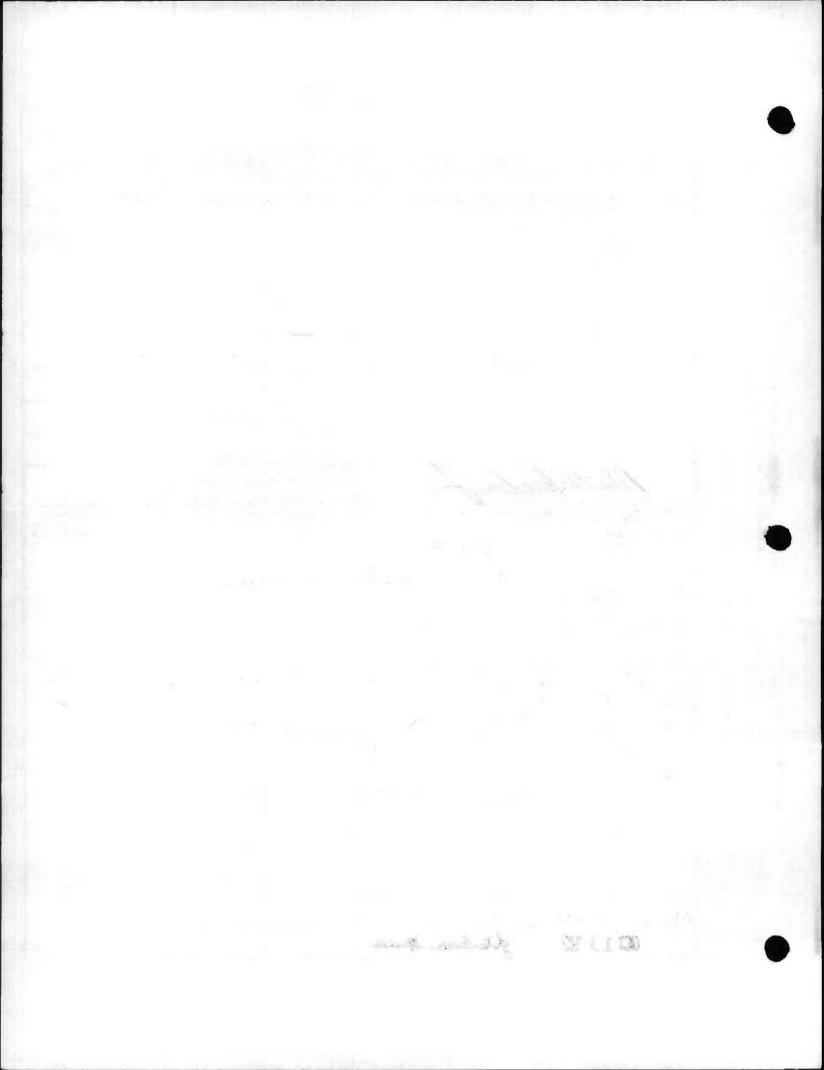
BALTIMORE, MARYLAND 21203-3146



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TO BE CC

STATE	0F	MARYLAND .	/ OEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE	
		C	ERTIFICATE	0	F DEAT	'H		BEG NO	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF H	EALTH AND DEATH	MENTAL HYGIEN		6.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			TIME OF DE	ATH		
		RUBY M.	CAREY			MONTH D	6 92		:20	Рм		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLA	VCE (State or	Foreign		
	216-09-0869	1 □ M 2 🔀 F	92 YRS. MOI	THE DAYS	HOURS MIN.	Dec. 10,	1899	Mar	yland			
	9s. FACILITY NAME (If not institution, give str	set and number)	9b	CITY, TOWN C	R LOCATION OF D	EATH	9c. COUNTY C	F DEAT	Н			
DIMECTOR	SALISBURY NURSING	& REHAB. CF	NTER	SALISB	JRY, MD.	21801	WICOMI	CO				
3	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			OWN OR LOCAT								
		omerset		risfie					I, INSIDE CI LIMITS?			
_	10e, STREET AND NUMBER				ZIP CODE				YES 2			
2	Old State Road			101	21817		10g. CITIZEN	J.S.		,		
UNEHAL	11, MARITAL STATUS	12. WAS DECEDENT EVER IN	II S ADMED	40 300 000								
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spi	city Cuban, Maxic	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	18	Black, WI	American in hite, atc. White			
	3 Wildowed 4 X Divorced											
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Clive kind of work done during most of working											
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ret	done during mo: lired.)	st of working							
	Grade 6		Clerk			Furnit	ure					
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden		-				
ŭ	Samuel B. Wilson				Mati	lda Jane By	rd					
5	19a, INFORMANT'S NAME (Type/Print)					Route Number, City or Tow)				
-		(Niece)	218 Be	eaverda	m Drive	- Salisbur	y, MD	218	01			
	20e. METHOD OF DISPOSITION 1 S Burlel 2 □ Cremation 3 □ Remove		PLACE AND DATE OF DI		ne of	DATE 20c. LO	CATION — City of	r Town,	State			
	4 Donation 6 Other (Specify)	Sur	nnyridge M	(emoria	1 Park-1	10/9/92	Crisfie	ıld.	MD			
	21. SIGNATURE OF POREMAL SERVICE LICE	1.1.1			D ADDRESS OF FA	ouir ons Funeral	Homo					
	Robert H. Bra	dshaw, Jy				St Crisf		m.	21817			
	23. PART I. Enter the diseases, or co	mplicetions that caused	the deeth. Do not e	enter the mo	ie of dying, suc	th sa cardiac or respi	ratory arrest,		Approxi	mata		
١	ahock, or heart fellure, Li IMMEDIATE CAUSE (Final	at only one couse on ee	cn line.							Between nd Death		
	diseese or condition resulting in death)	CI	A					- 1				
		DUE TO (OR AS A	CONSEQUENCE OF):	8								
	Sequentially list conditions, b.	Alha	o-5 clove	lie	DISET	1 Se						
	If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):									
3	CAUSE (Disease or Injury	DUE TO JOB AS A	CONSEQUENCE OF):									
	that initiated events reaulting in death) LAST	DOE TO (OR AS A	CONSEQUENCE OF):									
֓֞֝֟֝֟֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡	d.							i				
	PART II. Other algnificant conditions	contributing to death bu	it not resulting in th			000000			RE AUTOPSY			
	Probabl	e Colon	CANO	er pr	87 H.	1 YES 2		COA	ILABLE PRIO WPLETION OF DEATH?			
	COPE	>							YES 2/5	iceo		
	_ AD	Vonced	Age									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)						
9	1 VES 2 NO	1 Inpatient 2 ER/Outpa	tlent 3 DOA 442	HER: Nursing Home	5 - Residence	6 Other (Specify)						
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJU		28d. DEŞCRIBE HOW I	NJURY OCCURED)				
	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO							
	3 Suicide e Could not be	26e. PLACE OF INJURY - building, atc. (Specif	— At home, farm, street	, factory, office		28f. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route	Number,			
		AN: To the best of my knowle										
	one) 2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation, in	my opinion, de	eth occured at the	time, date end place, an	d dua to the cau	se(a) end	d manner as	stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE SIGN	IED (Moi	nth, Day, Yea	r)		
	- h	60 1	an		D 39	1813	D 10	17	197			
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)				-				
	Michael Atki	DS. M.D.	1104 HEAL	THWAY	DRIVE, S	SALISBURY,	MD.	218	01			
	31. DATE FILED (Month, Day, 16er)	32, REGISTRAR'S SIGNA	TURE									
	MM 1 7 3Z	y war were	down Abroduce	•								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HIGHER OF ATTEMPTS THE INVESTIGATION TO THE INVESTIGATION THE INVESTIGATION OF THE PROPERTY OF ATTEMPTS OF	in 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FURENAL DIRECTOR White the configure was been uponed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p	ely filled in by the funeral director, page 5 should be detached for use as the burial-transit of
be filed within 72 hours after team martine that Dept. of Health and Mental Hygiene prior to burial, crem	nation, or removal.
IMPORTANT: Il liem 28 is marked or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	, the medical examiner must be notified at once.

	STATE OF MARYLAND			MENTAL	HYGIENE
		CERTIFICATE	OF DEATH		REG. NO.
ART ART A MARKET AND AND AND					

	1 - FOR STATE OF MARYLAND REGISTRAR	/ DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN	E					
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DE	ATH			
	PETER H.		CRO	CKETT	09 20		1:30	P.M			
	4. SOCIAL SECURITY HUMBER 5. SEX 6. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI	HPLACE (State or				
	231-20-7137 1X M 2 □ F 65	YRS.	NTHE DAYS	HOURS MM.	10/31/26	S Vir	ginia				
	Sa. FACILITY NAME (If not institution, give street and number)	9	. CITY, TOWN O	R LOCATION OF D		9c. COUNTY OF D					
DIRECTOR	MCCREADY MEMORIAL HOSPITAL		CRISFI			SOMERS	ET COU	NTY			
	VA ACCOMACK		rown on Locati Tangier				10d. INSIDE CI LIMITS? 1 X YES 2				
FUNERAL	Main Ridge Road - P.O. Box 1	75	107.	ZIP CODE 23440		10g. CITIZEN OF WHAT COUNTRY? USA					
BY FUN	11. MARITAL STATUS 1 Never Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	If yes, spe	ENDENT OF HISPA city Cuban, Mexico 2 X NO Special	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) ly:	or No — 14. RACI Blac Spec	E — American in k, White, etc. #y: White				
	15. DECEDENT'S EDUCATION 16a.	DECEDENT'S US	UAL OCCUPATIO	M	ARE MADE OF BUILD	I WHESS/INDUSTRY	MITTE	2			
	(Specify only highest grade completed)	(Give kind of world life. Do NOT use n	done during mos	n of working		a Marine		1			
7	Conege (1-4 or 5 +)		orcemen	it.		es Commi					
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		-		ME (First, Middle, Maiden		227011				
	Peter S. Crockett				red A. Croc						
BE		10h MAILING AF	DDECC (Communication)		Route Number, City or Town						
2	Lois B. Crockett (wife)			a b c		n, State, Zip Code)					
					-						
	20s. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Removal from State 20b. PLAC cometery, (2) 4 Donation 5 Other (Specify)	crematory or other	PISPOSITION (Nar	ne of		CATION — City or To					
	21. SIGNATURE OF EUNERAL SERVICE LICENSEE	vate Fa		Metery		angier, V	/A 234	140			
	· Rabert Brux lever	\			Sons Funera	1 Home					
	Rahmer Diax line	س			St Cris	_	ID 218	317			
shock, or heart failure. List only Dne cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING cause. Enter UNDERLYING cause. Enter UNDERLYING cause. Enter UNDERLYING cause. Enter UNDERLYING cause. Enter UNDERLYING cause. Enter Underlying that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
Ü	d	-									
MEDICAL	PART II. Other significant conditions contributing to death but not	cause given in	Part I. 244. WAS AN PERFOR 1 (L) YES 2	MED?	WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? YES 2	R TO CAUSE					
A	25. WAS CASE REFERRED TO MEDICAL	_	26 PM	ACE OF DEATH (Ch	mot anti anti						
SC	EXAMIHER? 1 ☑ YES 2 ☐ NO 1 ☐ Inpatient 2 ☐ ÆR/Outpatient		THER:					- 1			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 28. DATE OF INJURY (Month, Dey, Year)	28b. TIME C	F 28c. INJU WOF	IRY AT	6 Other (Specify) 28d. DE\$CRIBE HOW II	JURY OCCURED		\dashv			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At building, stc. (Specify)	home, farm, stre			281. LOCATION (Street a City or Town, State)	et and Number or Rural Route Number, de)					
PLET	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAH: To the best of my knowledge,	death occurred a	t the time, date	end place, and due	to the cause(e) and man	ner as stated.					
COMPL	one) 2 (MEDICAL EXAMINER: On the basis of examination end/o	or Investigation, i	n my opinion, de	ath occured at the	time, dete and place, and	d due to the cause(e	e) and manner as	stated.			
TO BE	294 SIGNATURE AND TITLE OF CERTIFIER			O.C.M		29d. DATE SIGNED 0 9 − 2	(Month, Day, Yea				
F	M. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Pri	nt)								
	31. DATE FILED (ASON) DE VAND 32. REGISTRAND SIGNATURE STEP 25 92 32. REGISTRAND SIGNATURE STANDARD SIGNATURE SIGNATURE STANDARD SIGNATURE SIGNATURE STANDARD SIGNARD SIGNATURE STANDARD SIGNADARD SIGNARD SIG	111	PENN	STREET	BALTIMOR	RE MARY	LAND 2	1201			
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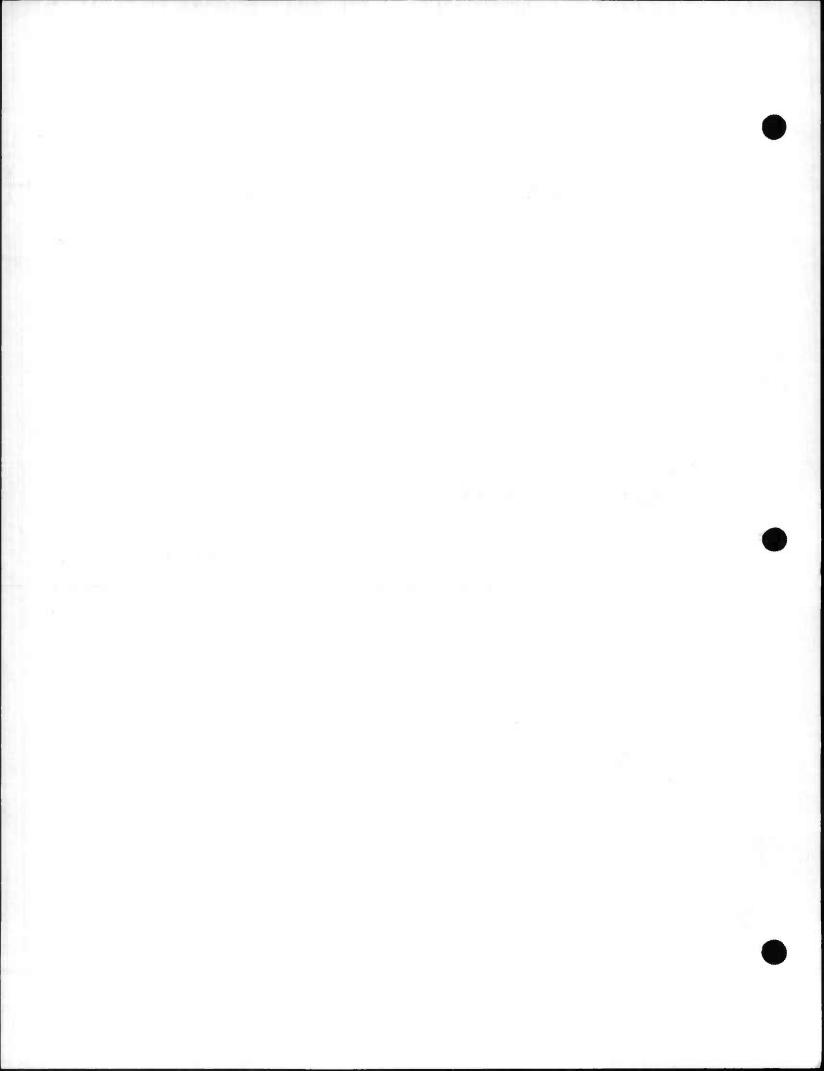
The Arthur Marithmen and Arabin Halland

A THE LOCAL PROPERTY OF THE

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained to the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

ALBERT WILSON CONMANY 2. SOCAL SOCIETY HOWERS IN SECURITY HOWERS 1. SECURITY HOWERS		1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	-
SACKD SOUNDES (DATE OF PROPER DESCRIPTION AND ASSESSED OF THE PROPERTY OF THE		ALBERT	W	ILSON	CONA	WAY							YEAR	02:30 A	M
SACRET HAME for semantic or semantic annexes a		The second of the control of the second of t	BER	5. SEX						7 DATE OF BIETH			IPLACE (State or Foreign		
SACRED HARM TO SPITAL SOLUTION OF DEPARTMENT No. STREET AND ADDRESS OF COLUMN TO THE SPITAL NO. STREET AND ADDRESS OF COLUMN TO THE SPITAL NO. STREET AND ADDRESS OF COLUMN TO THE SPITAL NO. STREET AND ADDRESS OF COLUMN TO THE SPITAL NO. STREET AND ADDRESS OF COLUMN TO THE SPITAL NO. STREET AND ADDRESS OF COLUMN TO THE SPITAL NO. STREET AND ADDRESS OF COLUMN TO THE SPITAL TO THE SPITAL	1	214-07-5915		1 X M 2 □ F	78	78 YRS. MONTHS				MIN.	10-21-1913		Maryland		
No. STATE AND MARKET NO. STATE AND MARKET NO. STATE AND MARKET	4										ATH	9c. COL	INTY OF D	EATH	
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The process of proce	E.	Route 1,	Box	195N					2	154	5		IISA		
The process of proce	5			12. WAS DECEDEN	T EVER IN U.S. AF	MED	13.	WAS DEC	ENDENT	F HISPAN	HC ORIGIN? (Specify Ye	s or No-	14. RACI	E — American Indian,	
16. DECEDENTS SUBJECTION 16. DECEDENTS SUBJECT COUNTY 16. DECEDENT 16. DECDENT 16. DECEDENT 1				IF YES, GIVE V	AR OR DATES	10								M.	
Edmund Marvin Conaway The Informatity Name (synchrical particles)						CEDENTIS	40444	0010171			T		<u> </u>	WILLE	4
Edmund Marvin Conaway The Informatity Name (synchrical particles)		(Specify onl	y highest grade	completed)	(6	ive kind of Do NOT u	work done se retired.)	during me	st of world	ng	166. KIND OF BU	ISINESS/IN	DUSTRY		
Edmund Marvin Conaway The Informatity Name (synchrical particles)	립		(12)	Conege (I-4 or 5	"		Qua	lit	у Сс	ntr	ol:	Rub	ber		
Edmund Marvin Conaway The Informatity Name (synchrical particles)	Š	17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maider	Sumame)			=
No. MALE (Procham) No. MALE (Procham) No. MALE (Procham) No. MALE (Procham) No. Male (Procham) No. Mal		Edmun	d Maı	vin Cor	naway				Es	tel:	la Bridg	es			
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A Donation is Other (Space) / Rest Lawn Mem. Gardens 10/91, a Vale, Maryland	-				ay F	Rout	e 1,	Вс	x 1	95N	Mt. Sa	vage	, M	D 21545	
22. MARE AND ADDRESS OF FACILITY Hafer Chapel of the Hills Mortuary 1302 Nat'l. Hwy.LaVale, MD 21502 23. PART I. Enter the diseases, or completions that claused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause the aceth line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO JOR AS A CONSEQUENCE OF): B. DUE TO JOR AS A CONSEQUENCE OF): C. DUE TO JOR AS A CONSEQUENCE OF): C. DUE TO JOR AS A CONSEQUENCE OF): DUE TO JOR AS A CONSEQUENCE OF): DUE TO JOR AS A CONSEQUENCE OF): C. DUE TO JOR AS A CONSEQUENCE OF): DUE TO JOR AS A CONSEQUENCE OF): DUE TO JOR AS A CONSEQUENCE OF): C. DUE TO JOR AS A CONSEQUENCE OF): DUE TO JOR AS A CONSEQUENCE OF): DUE TO JOR AS A CONSEQUENCE OF): DUE TO JOR AS A CONSEQUENCE OF): C. DUE TO JOR AS A CONSEQUENCE OF): DUE TO JOR AS A CONSEQU		20a, METHOD OF DISPOSIT 1 N Burlal 2 Crematic	lON on 3 ⊡ Rem	oval from State	20b.PLACE.	AND DATE	OF DISPOS	ITION (Na	me of		DATE 20c. Li	OCATION -	City or To	own, State	
Hafer Chapel of the Hills Mortuary 1302 Nat'l. Hwy.LaVale, MD 21502				CENDEE -	Rest	Law	n Me	em . C	ard	ens	10/9LaV	ale,	Ma	ryland	_
23. PART I. Enter the diseases, or complications that clusted the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final ideases or condition resulting in death)	21. NAME AND ADDRESS OF FACILITY												dowhara was		
23. PART I. Enter the diseases, or complications that clusted the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final ideases or condition resulting in death)		Ong	Xar	V Ha	ren		13	02	Nat	il.	Hwy.LaV	ale,	MD	21502	
MMEDIATE CAUSE (Final disease or conditions resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CO		23. PART i. Enter the d shock, or h	seases, or eart failure.	complications the List only one cau	t caused the de	eth. Do	not enter	the mo	de of dy	ing, suci	h as cardiac or resp	iratory ar	rest,	Approximate	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST DUE-TO (OR AS A CONSEQUENCE OF): DUE-TO (OR AS A CON															
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PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1	_	DUE TO (OR AS A CORREQUENCE OF):													
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1	2											2	\dashv		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1	<u>₹</u>	cause. Enter UNDERLY	NG	c	192	he	in	re	5	De	7			Jean	-
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1	E	that initiated events		DUS-10	TOR AS A COMSE	MENCE O	7):		•						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1	E E			d											4
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1		PART II. Other significa	nt condition	s contributing to	death but not i	eaulting	in the u	derlying	g cause (given in	Part i. 24s. WAS AI		24b		S
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	임											2 11		COMPLETION OF CAUSE	1
Perform Perf	ME									vê.	_	/\			
Perform Perf	ÿ														-1
2 _ Accident S _ Pending 2 _ Accident S _ Could not be determined 2	호	EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ack only one)				
2 _ Accident S _ Pending 2 _ Accident S _ Could not be determined 2	ΙΥS						4 🗆 Nur	sing Hom		eldence					
2 Accident 3 Suicide 6 Could not be determined 2 See. PLACE OF INJURY — At home, farm, streel, lactory, office 3 Suicide 6 Could not be determined 2 City or Town, State) 2 CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.		Netural 5					JURY	WO	RK?	T NO	28d. DESCRIBE HOW	INJURY OC	CURED		
4 Homicide determined building, etc. (Specify) 29a. CERTIFIER (Check only) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.		a Country		28e. PLACE O	F INJURY — At ho	me, farm,	streel, lac] 140	26f. LOCATION (Street	and Numbe	r or Rumi I	Route Number	\dashv
29a. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	買			building,	etc. (Specify)						City or Town, Statu)		The state of the s	
	29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time date and class and discounted to the council and the firm date and class and discounted to the council and the firm date and class and discounted to the council and the firm date and class and discounted to the council and the firm date and class and discounted to the council and the firm date and class and discounted to the council and the firm date and class and discounted to the council and the firm date and class and discounted to the council and the firm date and class and discounted to the council and the firm date and class and discounted to the council and the firm date and class and discounted to the council and the firm date and class and discounted to the council and the firm date and discounted to the council and the firm date and discounted to the council and the firm date and discounted to the council and the firm date and discounted to the council and the firm date and discounted to the council and the firm date and discounted to the council and the firm date and discounted to the council and th												٦		
	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.) and manner as stated.				
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	Ш О	296, SIGNATURE AND TITLE					D.								⊣
m DA7/3/ 1/2063	0		1	Mas	ago	ecc	M)	0	07	7/35	1	10-8	192	-
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	=														\dashv
DR. VICTOR E. MAZZOCCO, M.D., 912 SETON DRIVE, CUMBERLAND, MD 21502		DR. VICTOR						RIV	E, CI	JMBEI	RLAND, MD	2150	2		
31. DATE FILED (MORPHOPO), Young 1992 Junia Davidson-Randelle		31. DATE FILED (MORIPHON)	9 199	2 GLANG	B'S SIGNATURE	nde po									
DHMH-16 Rev 1/8			100	- 1	- Imoria-Ila	-									



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE U	FUEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)			2.			2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH				
	ETHEL JUI		CESS				14, 1992 3:25 Aw				
	215-42-4393	□ M 2 X F 87	In yrs. lest birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 6-20-1905		BIRTHPLACE (State or Foreign Country) PA			
	Se. FACILITY NAME (If not institution, give street	t end number)		9b. CITY, TOW	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH			
DIRECTOR	Memorial Hospital			Cumbe	gany						
Diameter 1	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY			
		PA Bedford 10e. STREET AND NUMBER				3 Clearville					
FUNERAL	R# 3 Box			101. ZIP CODE 10g. CITIZ 15535 USA			OF WHAT COUNTRY?				
5		2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes o			s or No— 14,	RACE — American Indian,			
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	ATES	1 🗆 Y	If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: White							
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	16a. DECEDENT'S	USUAL OCCUP/ work done during ne retired.)	TION most of working	16b. KIND OF BU	SINESS/INDUST	TRY				
Ä	Elementary/Secondary (0-12)										
COMPL	12 17. FATHER'S NAME (First, Middle, Last)	School	Teache			1-Educ	ation				
-	The second second second second second	T. O'Neal				ME (First, Middle, Meiden					
8	19a. INFORMANT'S NAME (Type/Print)	1. U Near	19b. MAILING	ADDRESS /Stree		Elizabeth Route Number, City or Tow		41			
2	Dennis Cessna				ille, PA 1		, a				
9		206.					CATION - City	or Town, State			
7	20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place) Prosperity Un. Meth. Cem. 10-17 RFD Flintstone, MD										
	21. SIGNATURE OF FUNERAL SERVICE LICEN	21. HOMATURE OF FUNERAL SERVICE UCESSAE 22. NAME AND ADDRESS OF FACILITY Merritt-Adams Funeral Home									
	Tale J.	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or):										
CER	resulting in death) LAST										
I: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. According to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREPORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF OEATH (Ch	eck only one)					
SIC		OSPITAL:	atient 3 DOA	OTHER: 4 Nursing H	ome 8 - Residence	8 Other (Specify)					
Y PHY	27. MANNER OF OEATH 1. Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY	NJURY AT WORK? YES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCUR	EO			
TED	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJURY building, etc. (Speci	— At home, farm, i	street, factory, of	fice	28f. LOCATION (Street of City or Town, Stete)		tural Route Number,			
O BE COMPLETED		N: To the best of my knowl						ruse(s) and manner se stated.			
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	Lh h			29c. LICENSE NUI	MBER	29d. DATE SIG	GNED (Month, Day, Year)			
TO B		I made			D 3328	80	▶ 10	114/92			
٦	Dr. Sunil Gupta,	Johnson Hei	ohts Med				2150)2			
	31. DATE FILED (Month, Day, Year) OCT 1 5 1992 Ju	32. REGISTRAR'S STORE	TUBE BE								
	1 001 T 9 1997 7"	100									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

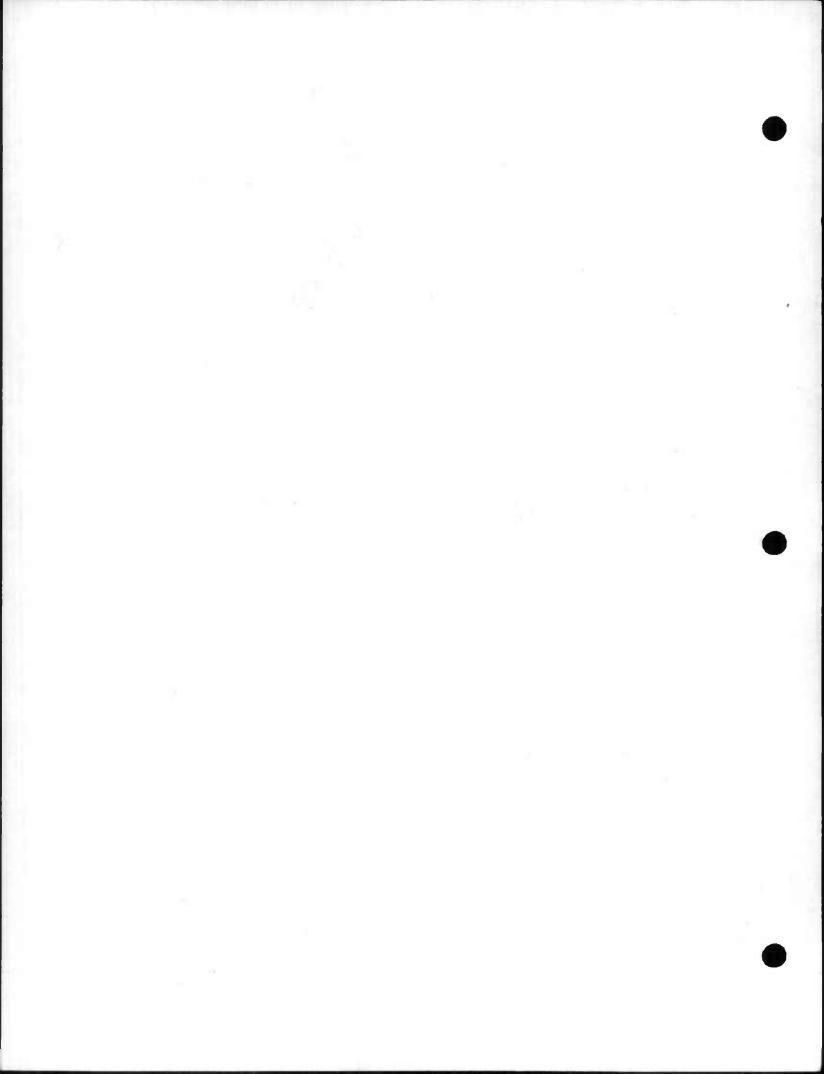
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Por TO THE FUNERPLAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filled within 72 hours after death with the State Dept. of Health and Mental hygiene prior to build, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner.

ained by the hospital or attending physician.

BALTIMORE MARYLAND 21215-0020

3



	REGISTRAR	CE	RTIFIC	ATE OF	DEATH	REG. NO	D.	
Ď.	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
- 1	ALFRED THOMAS CANNO	ON				OCTOBER	15.1992	16:10 P M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest	birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
П	330307730 111	2 □ F 73	YRS. MON	MONTHS DAYS HOURS MIN. SEPT Days ther			1010 0	Ountry) ARYLAND
DIRECTOR	SACRED HEART HOSP	number) [TAL	96.	CUMBER	T AND	ATH	9c. COUNTY C	EGANY
5	RESIDENCE OF DECEDENT							
#	10s. STATE 10b. COUNTY			WN OR LOCAT				10d. INSIDE CITY LIMITS?
	MARYLAND ALLEGANY		CUM	BERLAN	D			1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 135 NORTH MECHANIC S	TREET		101	21502		10g. CITIZEN	OF WHAT COUNTRY?
3		DECEDENT EVER IN U.S. ARK	(ED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Ye	14 F	IACE — American Indian,
BY F	3 Widowed 4 Divorced	ICES? 1 X YES 2 N ES, GIVE WAR OR DATES ORLD WAR 11	0	If yes, spe 1 TES	city Cuben, Mexica	n, Puerto Ricen, etc.)		Heck, White, etc.
	15. DECEDENT'S EDUCATION	18a, DEC	EDENT'S USU	AL OCCUPATIO	N .	16b, KIND OF BU	JSINESS/INDUSTF	
E	(Specify only highest grade completed Elementary/Secondary (0-12) College	(G/v (1-4 or 5 +)	e kind of work Do NOT use ret	done during mo: lired.)	st of working			"
COMPLETED	8	C	ONSTRU	JCTION		CONS	TRUCTIO	N
ő	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	n Surname)	
BE (OTTO CANNON					IE LEASE		
2	19a. INFORMANT'S NAME (Type/Print)	196.	MAILING ADD	ORESS (Street a	nd Number or Rural F	Noute Number, City or To	wn, State, Zip Code	502
	COLLEEN LOWMAN		D#Z BC)X#846	CUMBERLA	ND, MARYL		
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	State 20b. PLACE A	nd date of di	ETERAN	NS OCT 19	1992 RFD	FLINTS	TONE, MARYLANI
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	1 -:			D ADDRESS OF FAC			
	Dale L. 11	emil				FUNERAL		MARYI AND
	23. PART I. Enter the diseases, or complica	tions that caused the dea	th. Do not	enter the mo	de of dying, suci	as cerdiac or real	iratory arrest,	Approximate
-	shock, or heart failure. List only IMMEDIATE CAUSE (Final	one cause on each line.			0.			Interval Between Onset and Death
	disease or condition resulting in death) a	Kespin	ato	77	Sai	lure		
_	- (DUE TO (OR AS A CONSEC	UENCE OF):	.0 1	10-10	Kela	day	2 marss
CERTIFICATION	If any, leading to immediate							
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSECU	luc	cero	-			
Ē	that initiated events resulting in death) LAST	B O A L	oence or):		Linat	5-0.		
CE		Da wa	Mr	N	1 L NOW	100		1
A P	PART II. Other significant conditions contri	buting to death but not re	suiting in th	ne underlying	cause given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
EDICAL						1 _ YES	2 NO	COMPLETION OF CAUSE OF DEATH?
M							,	1 YES 2 NO
Ë								
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Chi	ick only one)		
Š	_ nose	ITAL: etlent 2 - ER/Outpatient 3 (HER: Nursing Home	5 🗆 Residence	6 Other (Specify)		
PHYSICIAN: M	27. MANNER OF DEATH 284	. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJI	JRY AT	28d. OESCRIBE HOW	INJURY OCCURE	
BY F	1 Natural 5 Pending 2 Accident Investigation	(monn, Day, rear)	INJURY	M 1 V	ES 2 NO			
8		. PLACE OF INJURY — At horn building, etc. (Specify)	ne, farm, stree	t, factory, office		281. LOCATION (Street	and Number or Ru	rel Route Number,
1	4 Homicide determined	buriously, etc. (Specify)				City or Town, State))	
4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as								
							se(s) and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CENTIFIER	7			29c. LICENSE NUM	BER	29d. DATE SIG	NED (Month, Day, Year)
	CHOGN MOL	auha	ir	-5	D17526		10	-15-92
2	30. NAME AND ADDRESS OF PERSON WHO COMPL							
1	JOHN MEHANNA, M.D. 9		RIVE C	UMBERL	AND, MD.	21502		
	31. DATE FILED (Month, Day, Year) 32.	BEGISTRAR'S SIGNATURE	1.00					

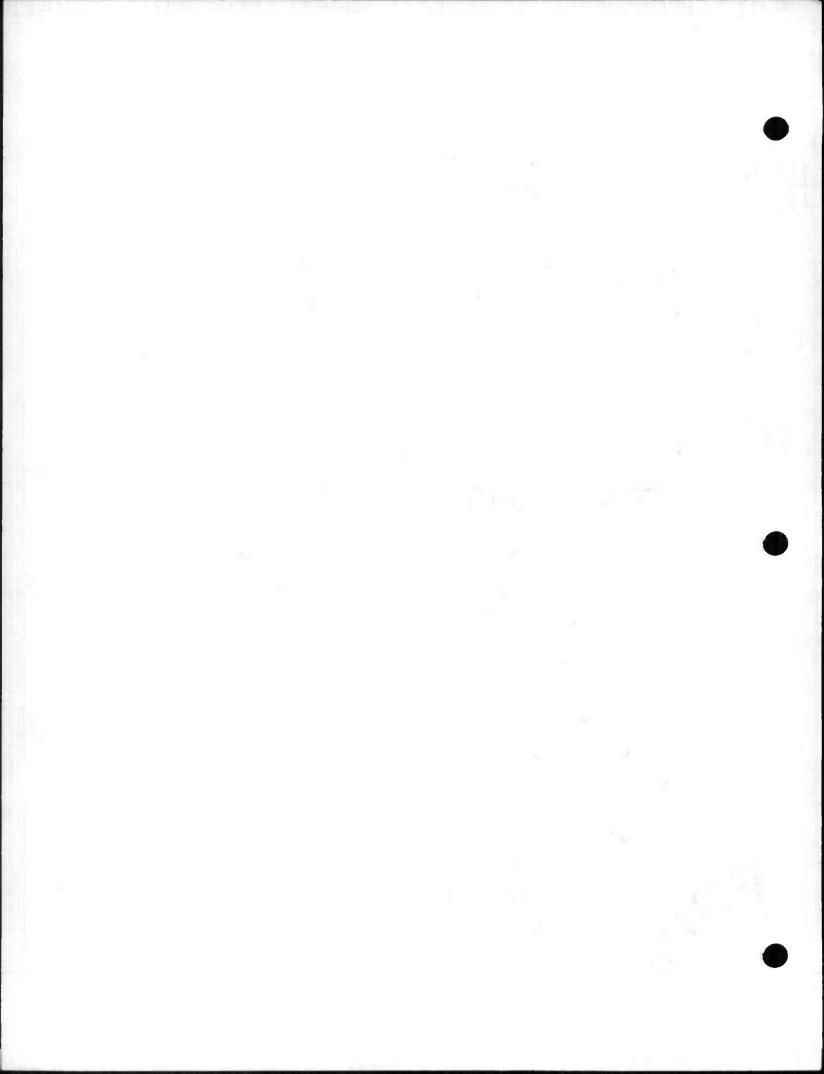
fied by the hospital or attending physician. Indeed for use as the burlat-transit permit. Pages 1, 2, 3 should

MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pare certificate has been signed by the attending physician and completely filled in by the lumin direct, page 3 hourd by defacthe be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,



_ STATE REGISTRAR		FOR
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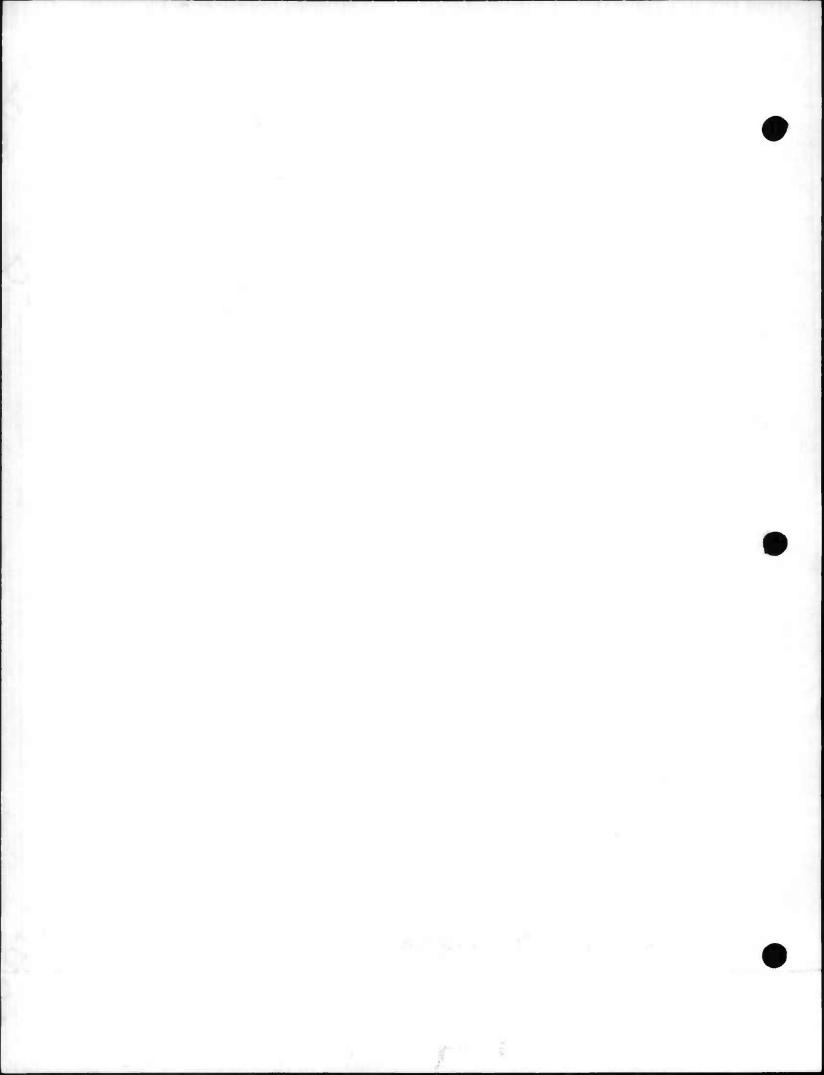
1 - STATE REGISTRAR	SINIE OF IM	C	ERTIF	ICATE OF	DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF DEATN
	Augusto	Corte	sini			Octob		. 19	92	7:20 P
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		BIRTN		6. BIRTI	NPLACE (State or Foreign
578-16-2897	1 💢 M 2 🗆 F	99	YRS.	MONTHS DAYS	HOURS MIN.	NOV.		1892	Count T-	talv
Se. FACILITY NAME (If not institution, give s	treet and number)			96. CITY, TOWN	OR LOCATION OF		00,		INTY OF D	
Montgomery Genera	al Hospit	al		Olney	/			Mon	tgome	ery
10e. STATE 10b. COUNTY	1		10c, CIT	Y, TOWN OR LOC	ATION		-			10d, INSIDE CITY
Maryland Mont	tgomery		Ro	ckville						LIMITS?
10s. STREET AND NUMBER	-3		110		Of. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
14643 Bauer Drive	a. #309				2	20853		Ho	i+ed	States
11. MARITAL STATUS	12. WAS DECEDENT			13. WAS DE	CENDENT OF NISP		Specify Ye		14. RACI	E - American Indian
1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X	NO	If yee, a	pecify Cuban, Mexi S 2 NO Spec	can, Puerto Rica			Spec	k, White, etc.
15. DECEDENT'S EDU		16a. Di	ECEDENT'S	USUAL OCCUPAT	ION	16b, KI	ND OF BU	SINESS/IN		111111111111111111111111111111111111111
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	166	Sive kind of a. Do NOT u	work done during n se retired.)	nost of working					
12		' I	Wait	er / But	ler	l p	riva	te H	nmes	
17. FATHER'S NAME (First, Middle, Last)					_	NAME (First, Mide			311100	
Enrico Cortesini						ra Oliv				
19a. INFORMANT'S NAME (Type/Print)		19	D. MAILING	ADDRESS (Street	and Number or Rura			vn, State 7	D Code	
Henry Cortesini			3207		on Drive					353
20s. METHOD OF DISPOSITION 1 Burial 2 Commetten 3 Rem				OF DISPOSITION (/		DATE	_	CATION -		
1 Donation 5 Other (Specify)	oval from State			Ther place) Cremator		1				ng, Maryla
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	100001	ball		AND AODRESS OF I	FACILITY	4 211	ver .	phr.TI	ig, Maryia
Som (110				Funeral		ces,	P. /	۹.	
23. PART I. Enter the diseeses, or o	J. Ita	pp		933	Gist Ave	enue, S	ilve	r Spi	ring.	, MD 20910
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Parali DUE TO	OR AS A CONSE	TIE QUENCE O	n: US n:	tute (Z day
PART II. Other significent condition	a contributing to	death but not	reaulting	in the underlyi	ng cause given i		PERFO		246	MAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
25. WAS CASE REFERRED TO MEDICAL			_	26. 1	PLACE OF DEATH (C	Check only one)				
EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	me 5 🗆 Residence		neo/fu			
27. MANNER OF DEATH	28a. DATE OF	NJURY	28b. TIN	E OF 28c. IN	JURY AT	28d. DESCR		INJURY OF	CURED	
t Natural 5 Pending	(Month, Da	y, Year)	IN.	JURY W	ORK? YES 2 NO					
2 Accident Investigation 3 Suicide 6 Could and be	ome, farm	street, factory, off		281 LOCATIO	ON (Street	and Number	c or Donal	Route Number,		
4 Homicide 6 Could not be	building, e	rtc. (Specify)		,,, 011			lown, State,		or rural l	
296. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 296. SIGNATURE AND TITLE OF CERTIFIER	R: On the besia of ex					ne Ilma, data an		nd due to t	he cause(i	s) and manner as stated (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHI PHIL HENDUM 31. DATE FILEO (Month, Day, Year)	ms	E OF DEATH (ITE	SM 27) (Type	Print)	Ave. #	±308	5	15,	mo	20996
OCT 13 '92	Juha Davi	Sol Con								

ined by the hospital or attending physician.

notified at once.

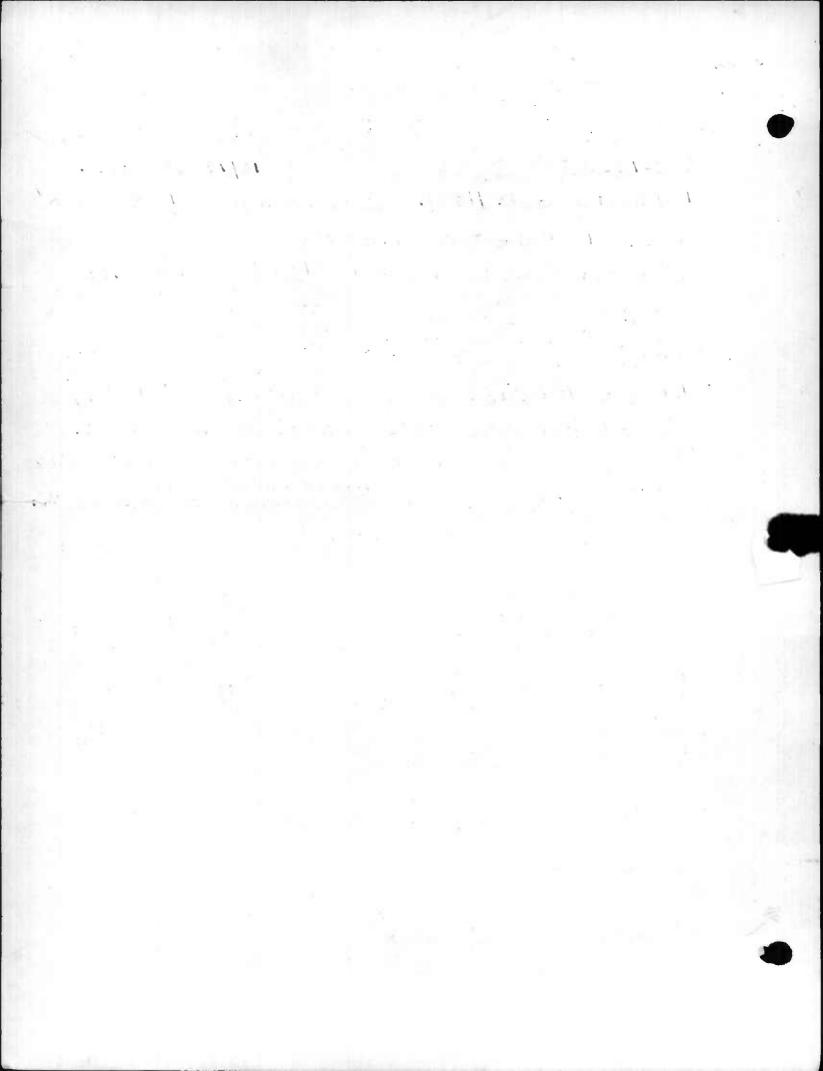
BALTIMORE, WARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Per 17 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner miles or DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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DIVISION OF VITAL RESORDS, P.O. F	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Imp. Inquires man the death certific	g,	至	MODODIANT IS lies to the marked on Hom S. William any Inlury as office
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	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPA	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	4 Jame	DEMBY	2. DATE OF DEATH	19 year 3. TIME OF DEATH AM			
	4. SOCIAL SÉCURITY NUMBER 220-12-2008	5. SEX 6. AGE (In yrs. lest birthdey 1 X M 2 T F 6. AGE (In yrs. lest birthdey	MONTHS DAYS HOURS MIN.	7. month, Diry, Year) 10/16/6	8. BIRTNPLACE (State or Foreign Country) D.			
TOR	90. FACILITY NAME (If not institution, give DORCHESTER RESIDENCE OF DECEDENT	Gen. Hosp.	Sb. CITY, TOWN OR LOCATION OF D	dge	DORCHESTER			
DIRECTOR	MD. 10b. COUN	Rchester 100.0	Y'ENNA		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 K NO			
FUNERAL	100. STREET AND NUMBER 4823 old 11. MARITAL STATUS	Route-50 Vie	NNa 2186	9	10g. CITIZEN OF WHAT COUNTRY? U. S. A			
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 DYES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puarto Ricen, etc.)	or No- 14. RACE — American Indian, Black, White, etc. Specify: Plack			
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	de completed) (Give kind d	"S USUAL OCCUPATION of work done during most of working use retired.)	16b. KIND OF BUSH	NESS/INDUSTRY			
BE COM	17. FATHER'S NAME (First, Middle, Last)	dward Den	16 MOTHER'S N. MARY	AME (First, Middle, Maiden St	Demby			
TO B	190. INFORMANT'S NAME (Type/Print) ESTher P	: Nder 489	ng Address (Street and Number or Rural		State, Zip Code) NNQ, MD.			
	20a. METNOD OF DISPOSITION 1 Aburlal 2 Cremation 3 Red 4 Donation 5 Other (Specify)	movel from State other place)	NNA CEMET	Taky V	ITION - City or fown, State I'ENNA, MD.			
	21. SIGNATURE OF FUHERAL SERVICE I	Henry	HENRY FU		ome Cambridge MD.			
		complications that taused the death. Do to List only one cause on each line. Cancer of the	ne lung Keenen	ch le-cardiac or reapire	itory arreat, Approximate interval Between Onset and Deeth Bu. 4->			
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the initiated events resulting in death) LAST							
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	ona contributing to death but not resultin	g in the underlying cause given in	1 Part I. 24s. WAS AN A PERFORM	MEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF OEATH (C					
	1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	(Month, Day, Year)	IME OF INJURY AT WORK? M 1 YES 2 NO	20d. DESCRIBE NOW IN.	JURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e PLACE OF INJURY - At home fam		261. LOCATION (Street an City or Town, State)	nd Number or Rural Route Number,			
COMPLET	(Orlock Orly)	SICIAN: To the best of my knowledge, death occurrence: On the basis of examination and/or investigation						
BE	29b. SIGNATURE AND TITLE OF CENTIF	fer-	29c. LICENSE NU	UMBER 16	29d. DATE SIGNED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON V Dr. Shariff	vio completed cause of oeath (ITEM 27) (7) Dorchester General	ype, Print)	idge, MD 21	613			
	31. DATE FILED CT 1492	32. RESISTRAR'S SIGNATURE Pand	Leve					



DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

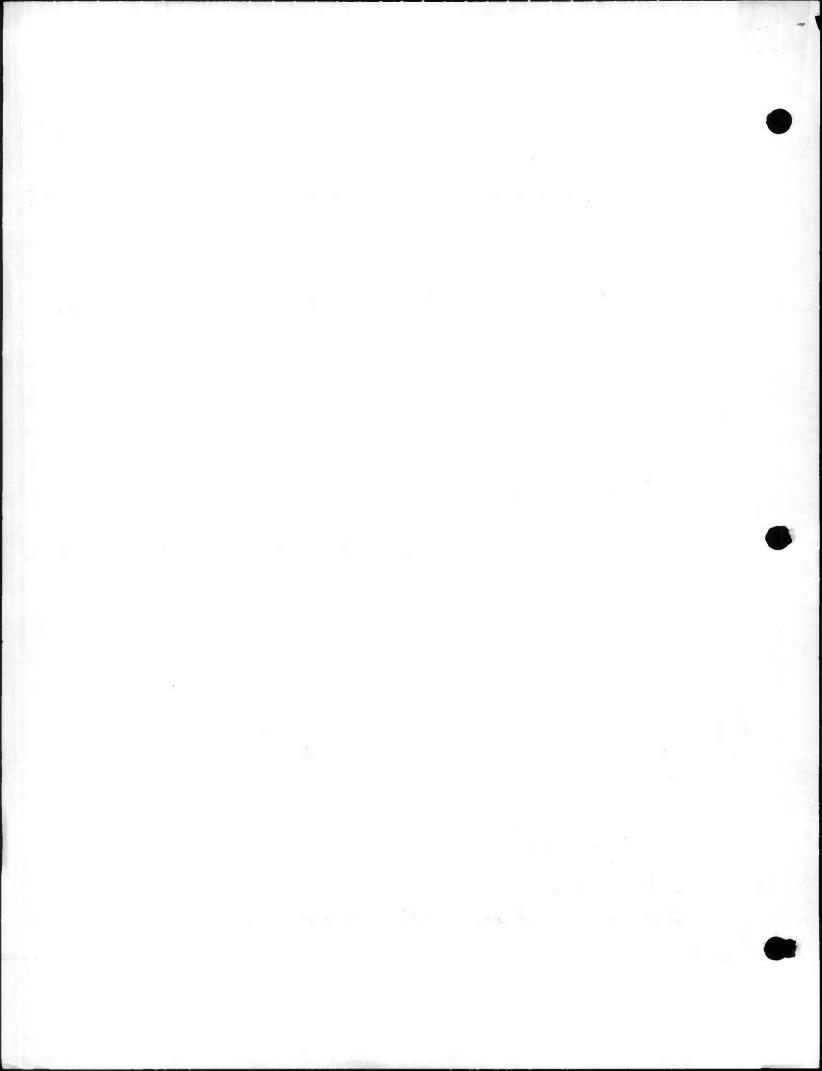
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DOUBLE SCHOTT PRANEE 1 SET		1/	-		Ducas	MONTH	MY Y	3. TIME OF DEATH
TO NOTIFICATION OF THE STATE S			L SERV	<u></u>	/	001	199	
The Secretary Discours of Part of the Secretary of Part of Par						(Month, Day, Year)		Country)
THE ASSETTION OF DECRETARY AND ACCORDING TO THE ASSETTION OF THE ASSETTION			-	4.7				
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Sequentially list conditions, and the series of respiratory areas. Type 2 gt No Speechy: Speech Speechy: S	AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
Wildward Ordered Discord 19 Fires, Give with OR DATES 1 YES 2 M O Specify: Spec	T L	2404 Drexel Stre	et		20783		U.S.	Α.
Sequentially list conditions, and conditions contributing to death but not resulting in the underlying ceuse given in Part I.	5						s or No- 14.	RACE - American Indian, Black, White, etc.
15. SECONDITION EDUCATION (Second of Windows) (2013) 12. Ho Grade Truck Driver Truck Driver Truck Driver Asphalt Company 15. Mother's NAME (Park, Modes, Maleien Summan) William Howard Dyson 15. Mother's NAME (Park, Modes, Maleien Summan) William Howard Dyson 16. Mother's NAME (Park, Modes, Maleien Summan) 17. PATHER'S NAME (Park, Modes, Maleien Summan) 18. MOTHER'S NAME (Park, Modes, Maleien Summan) 18. MALEINE (Park, Modes, Maleien Summan) 18. MALEINE (Park, Modes, Maleien Summan) 18. MALEINE (Park, Modes, Maleien Summan) 18. MALEINE (Park, Modes, Maleien Summan) 18. MALEINE (Park, Modes, Maleien Summan, M								Specific
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WILLIAM HOWARD DYSON 19. MALTING ADDRESS (Street and Allember of Part Pack) Names, City or Yourn, State, Zo Code) 17. NAME/ORDANTS NAME (P)partition 17. NAME/ORDANTS NAME (P)partition 17. NAME/ORDANTS NAME (P)partition 17. NAME/ORDANTS NAME (P)partition 17. NAME/ORDANTS NAME (P)partition 17. NAME/ORDANTS NAME (P)partition 17. NAME/ORDANTS NAME (P)partition 17. NAME/ORDANTS NAME (P)partition 17. NAME/ORDANTS NAME (P)partition 18. NAME/ORDANTS NAME (P)partition 19. NAME/ORDANTS NAME (P)partition 19. NAME/ORDANTS NAME (P)partition 19. NAME/ORDANTS NAME (P)partition 19. NAME/ORDANTS NAME (P)partition 19. NAME/ORDANTS NAME (P)partition 19. NAME/ORDANTS NAME (P)partition 19. NAME/ORDANTS NAME (P)partition 19. NAME/ORDANTS NAME (P)partition 19. NAME/ORDANTS NAME (P)partition 10. NAME/ORDANTS NAME (P)partition 10. NAME/ORDANTS NAME (P)partition 10. NAME/ORDANTS NAME (P)partition 10. NAME/ORDANTS NAME/ORDANTS NAME (P)partition 10. NAME/ORDANTS NAME (P)partition 10. NAME/ORDANTS NAME (P)partition 10. NAME/ORDANTS NAME (P)partition 10. NAME/ORDANTS NAME (P)partition 10. NAME/ORDANTS NAME (P)partition 10. NAME/ORDANTS NAME (P)partition 10. NAME/	Ĭ	(Specify only highest grade	completed)	(Gha kind of wor	dr done diving most of working	I.S. KING OF BU	-CHINGS HINGS	
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WILLIAM HOWARD DYSON 19. MALING ADDRESS (Street and Number or Plant Place) Numbers, City or Yourn, State, Zo Code) 19. MALING ADDRESS (Street and Number or Plant Place) Numbers, City or Yourn, State, Zo Code) 19. MALING ADDRESS (Street and Number or Plant Place) Numbers, City or Yourn, State or Yourn and Yourn Numbers or Numbers of Place of Numbers of Number	Ö	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S			
The Image Approximate Chaptering 1986. MALINDA ADDRESS Grieve and Number or Paral Rouse Number. Cap or Som., State, 2p Code) 240.4 Derexel St., Hyattsville, Maryland 20783 206. NETHOD OF OISPOSITION 206. DEATH OF Town, State 206. DEATH OF Town, State 207. DEATH OF Town, S	Ш	William Howar	d Dyson		Mary	Etta	Hebb	
20. BLOOD OF ORDSPORTING 10 Burdel 2 Cremation 3 Removal from State 4 Donostin 6 Other (Sepolary) DATE 20. LOCATION - City or Town, State 4 Donostin 6 Other (Sepolary) DATE 20. LOCATION - City or Town, State 4 Donostin 6 Other (Sepolary) DATE 20. LOCATION - City or Town, State 4 Donostin 6 Other (Sepolary) DATE 20. LOCATION - City or Town, State 21. SIGNATURE OF FUNETAL SETTING LICENSEE 22. NAME AND ADDRESS OF FACILITY MATCHING LICENSEE 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inhered as book, or heef feiture. List only one couse on each line. 24. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inhered as book, or heef feiture. List only one couse on each line. 25. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inhered as book, or heef feiture. List only one couse on each line. 26. PLACE (Final disease or injury who clinicated events inhered as a property of the limited events inhered as a part of the cause, Enter (MDERLY) DUE TO (OR AS A CONSEQUENCE OP): 26. PLACE (Final disease or injury who clinicated events inhered as a consequence of the cause, Enter (MDERLY) DUE TO (OR AS A CONSEQUENCE OP): 27. WAS CASE REFERRED TO MEDICAL EXAMINETY DUE TO (OR AS A CONSEQUENCE OP): 28. WAS CASE REFERRED TO MEDICAL EXAMINETY DUE TO (OR AS A CONSEQUENCE OP): 29. PLACE OF OEATH (The Uniform and Number of Rural Rules Number, Consequence of the Uniform of Rural Rules Number, Consequence of the Uniform of Rural Rules Number, Consequence of Rural Rules Number, Consequence of Rural Rules Number, Consequence of Rural Rules Number, Consequence of Rural Rules Number, Consequence of Rural Rules Number, Consequence of Rural Rules Number, Consequence of Rural Rules Rules, Rules, Rules, Rules, Rules, Rules, Rules, Rules,								
1 Dutel 2 Cremation 5 Other (Specify) Charles Memorial Gardens Leonardtown, Maryland 20 Charles Memorial Gardens Leonardtown, Maryland 20 American Complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, independent of the cause of the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, independent of the cause of the cause (Finel disease or conditions, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUE			on	2404 D	rexel St., Hya	ttsville, N	arylan	d 20783
The Donaton S Charles Memorial Gardens Leonardtown, Maryl 21. BINARTURE OF FUREAL SERVICE LICENSEE 22. RAME AND ADDRESS OF FACILITY Mattingley—Gardiner Funeral Home, P.A. 23. PART I, Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, interval & One of the County one cause on each line. 23. PART I, Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, interval & One of the County one cause on each line. 24. PART I, Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, interval & One of the County one cause on each line. 25. PART I, Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, interval & One of the County of the								
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BALTIMORE, MARYLAND 21215-0020

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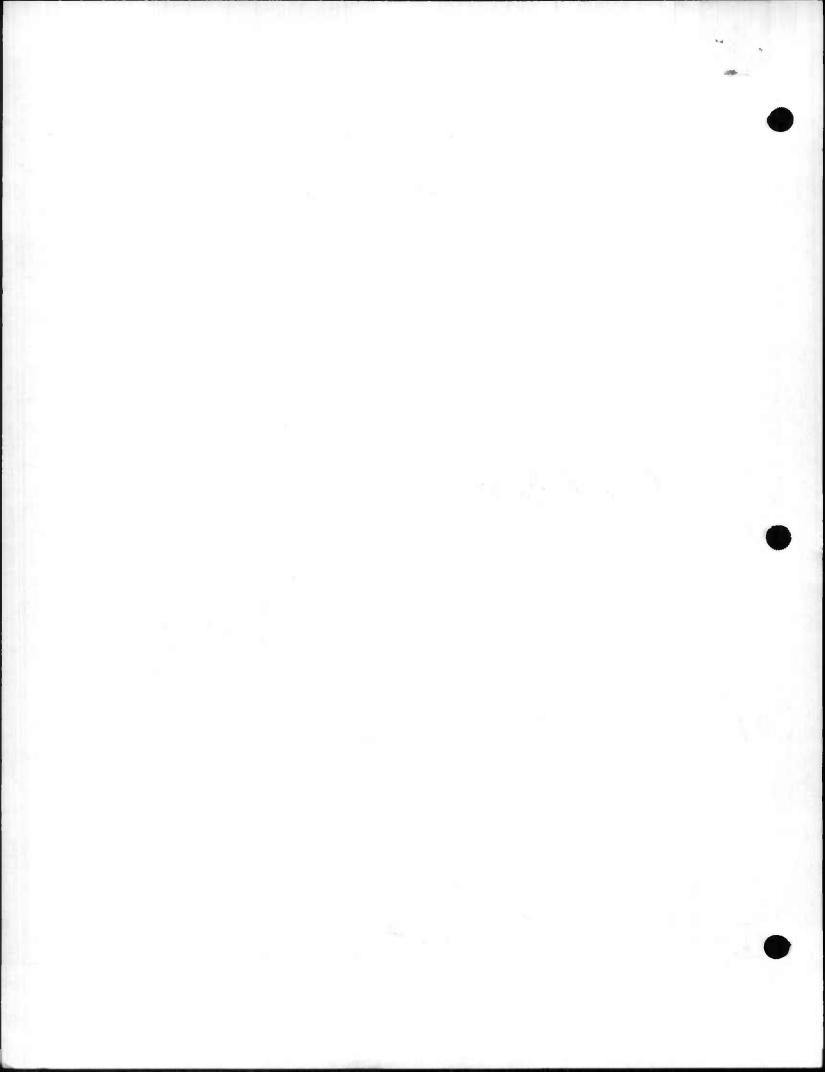
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	92	29537
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	1 - STATE REGISTRAR	STATE OF MARYL		RTIFIC					I. NO.	to use	
14	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEA	TH DAY	YEAR	3. TIME OF DEATH
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1	578-40-0614	1 🕅 M 2 🗆 F	(In yrs. last i		NTHS DAY		R 24 HRS.	7. DATE OF BIRT (Month, Day, Y August		Course	HPLACE (State or Fore ry) ryland
TOR	9a. FACILITY NAME (If not institution, give atre Physicians Mem RESIDENCE OF DECEMENT		pita			Plata		EATH	100.003	har	
DIRECTOR	Maryland St.	Mary's		10c. CITY, T							10d. INSIDE CITY LIMITS? 1 YES 2 A N
FUNERAL	1-35 Dickerson Rd	•				101. ZIP CO	0606				
B⊀	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		If yes		en, Mexica	NIC ORIGIN? (Spec in, Puerto Rican, a y:		14. RAC Blec Spec	E American Indian k, White, etc. ://y: Black
LETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	(Give	EDENT'S US e kind of work Do NOT use re	done during tired.)		ing	16b. KIND (OF BUSINESS/IN		
COMPL	7th Grade 17. FATHER'S NAME (First, Middle, Last)		W	aterm	an				Seafo	od	
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BE	George Allen 19a. INFORMANT'S NAME (Type/Print)	Dickerso		MAILING AD	DRESS /S		tty	Route Number, City	izabeth		Rich
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	20a. METHOD OF DISPOSITION	206		DDATEOF					DC. LOCATION -		
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2	DUE TO (O) AS A CONSEQUENCE OF):										
RTIFICATION	Sequentielly list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.										
CERTIFI	that initiated events reaulting in death) LAST	ANOXI	CONSEQU	LENGE OF	CE	PHP	AL	OPAT	RY		
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ETEI	4 Homicide determined building, etc. (Specify)										
COMPLE		ne, data and place, and due to the cause(s) and manner as stated.									
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5	30. NAME AND AODRESS OF PERSON WHO										
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- 1	00 7 000	A STORY	1000 Ma	Maria							



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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month/Day, Year)

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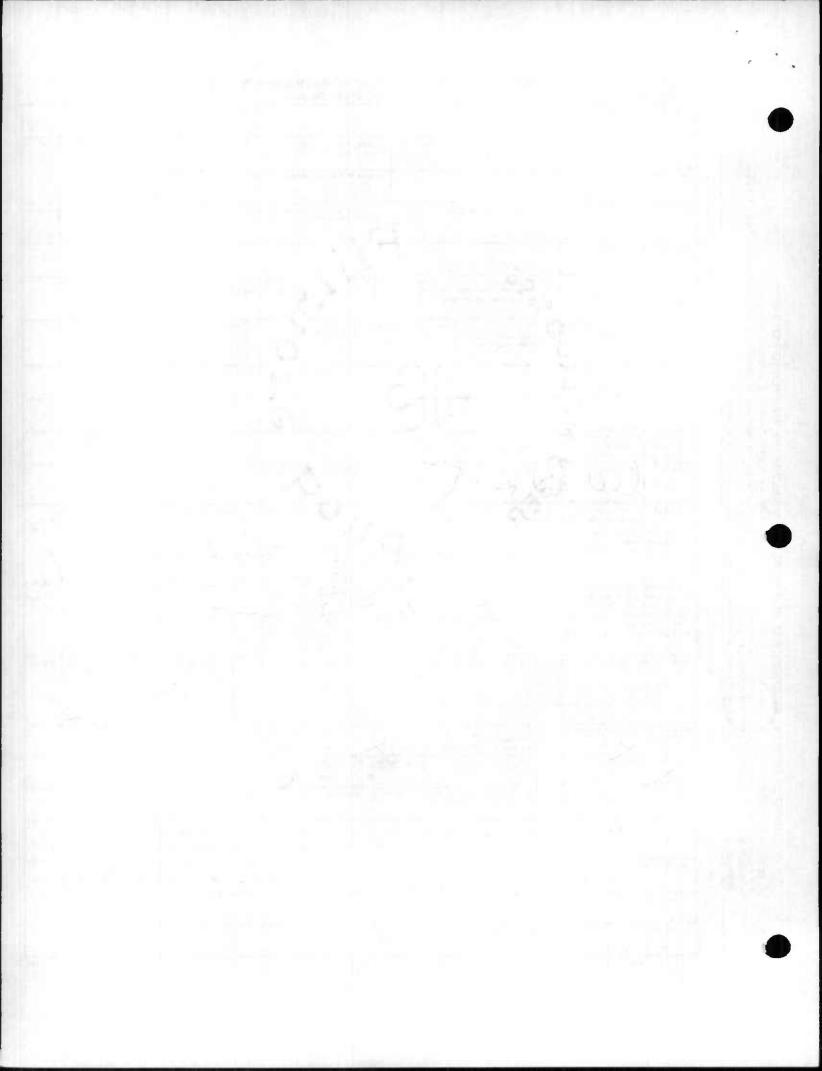
TO THE HOSPITAL OR ATTENDING PHYSICUAN: The Saw requires that the death certificate be executed within 24 fours after lossif. Page 6 may be retained by the hospital or attending physician.

TO THE FUNESAL DIRECTOR After this certificate has been agained by the attending physician and completely filled in by the tenent director, page 5 should be detached for use as the burishtransit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dopt. Or Pleasing and Merizal Hygiene prior to burish, cremation, or removal.

IMPORTANT: If them 28 is marked, or from 14 shows flow injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

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H. MARITAL STATUS	Victory 1	12. WAS DECEDED	T EVER IN U.S. 4	RMED				NIC ORIGIN7 (Specify Ve	The residence of the last of t	14. RAC	Z - American Indian.
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-			N. A. C. C. C. C. C. C. C. C. C. C. C. C. C.				-01.00			WH	CIE
15. DEI (Specify on	CEDENT'S EDU ny highest grade	CATION completed)	1	Give kind of	USUAL OCCU work done durin		king	166. KIND OF BU	ISINESS/IN	DUSTRY	
Elementary/Secondary ((0-12)	College (1-4 or 5	.) "	le. Do MOT us	on restroid,)						
17. PATHER'S NAME (First, A	Marin Luci			108	EWIFE						
and the second second second	and the same of							AME (First, Middle, Maider	Surname)		
WILLIAM H. C	Commission of the Control of the		1.		*****			RIDGELL.		11 (2a) 11 (1)	
								Route Number City or To			D 200550
ANA ME AU	Mary				-	-	MOVILL	LE ROAD, LECT	_	-	The second second
1 Burtat 2 Cremati	ion 3 🗆 Rem	oval from State	certailery, ci	rematory or o				182910			lown, State
Donation 5 Other	1	Justine 1	- I ST A	MOHAFI	'S CEME				Œ, M		
MICHA 23. PART I. Enter the c	Printer and a little and the little	SI CLO	W.				On I	59 N. WAS	ENIHE M, NW	ON SI	HEEL"
IMMEDIATE CAUSE (F) disease or condition	inal	Can	Rizon	. 0.		100000 14	1	1			
resulting in death) Sequentially list condition If any, leading to immediate. Enter UNDERLY CAUSE (Disease or injuited in that initiated events resulting in death) LAS	ring ury	· M	OR AS A CONSI	rau EQUENCE OF	al	ny s Casa	and I	luse-	>		2-30
resulting in death) Sequentially list condition and to immediate. Enter UNDERLY CAUSE (Disease or Injury that initiated events	odiate /ING ury ST	E DUE 10	JOH KS A CONSI	AM EQUENCE OF	al l	Tyling cause	given in	PERFO	RMEO1	24	2-300 2-300 MERIE AUTOPST FIND ANALLABLE PRIOR TO
resulting in death) Sequentially list condition, leading to immecause. Enter UNDERLY CAUSE (Disease or Injuly that initiated events resulting in death) LAS	ediate ing uny ST	E DUE 10	JOH KS A CONSI	AM EQUENCE OF	in the under			1 YES	RMEO1	24	D. WERE AUTOPSY FIND ANALLABLE PRIOR TO COMPLETION OF CAU
Sequentially list condi- If any, leading to imme- cause. Enter UNDERLY CALISE (Disease or in) that initiated events resulting in death) LAS PART II. Other significations EXAMMERT	ediate ing uny ST	E DUE 10	JOH KS A CONSI	AM EQUENCE OF	in the under			PERFO	RMEO1	24	2-300 D. WERE AUTOPSY FIND ANALABLE PROPO TO COMPLETION OF CAU
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Sequentially list condition of the condi	ediate ing uny ST	b. DUE to	OR NS A CONSI	COURNES OF THE PROPERTY OF THE	in the under	6. PLACE OF Home 5 INJURY AT WORKY YES 2	DEATH (Ch	PERFO	nmeor 1 200		2-300 D. WERE AUTOPSY FIND ANALABLE PROPO TO COMPLETION OF CAU
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Sequentially list condition of the sequentially list condition of the sequentially list condition of the sequential seque	ant condition TO MEDICAL Pending Investigation Could not be determined	b. OUE to B. OUE to A. HOSPITAL: 1 Impatient 2 28s. DATE O. (MANN), C	CON MS A CONSI CON MS A CONSI	resulting 2 DOA 188. TIME INJ	in the under	II. PLACE OF Home S Home S HAJINY A WORKY YES 2 office	DEATH (Ch Residence	PERFO 1 YES : Sect only one; S Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street	BUJURY OC	DOWNED or Or Russi	D. WERE AUTOPSY FIND ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO NUMBER OF CAU OF DEATH?

32. REGISTRAN'S SIGNATURE
Suidson-Randalle



page 5 should be detached for

funeral (

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examiner

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25. WAS CASE REFERRED TO MEDICAL

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5 Pending Investigation

8 Could not I

1 YES 2 NO 27. MANNER OF DEATN

1 Natural

2 Accident 3 Suicide

4 Homicide

29e. CERTIFIER

permit. Pages 1, 2, 3 should

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 no	TO THE FUNERAL DIRECTOR After this permitted as then signed by the intending physician and completely filled	be filed within 72 hours are dean winter State Dear of Health and Mental Hygiene prior to burial, cremation, o	IMPORTANT: If teen 28 is marked, of teem 23 shows any injury, or other traumatic event, the m

92 29639 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 2 RCBERT DAVIS 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 6. AGE (in yrs. last birthday) 8. BIRTHPLACE (State or Foreign MONTHS DAYS 219-16-0551 NXM 2 ☐ F 78 MARYLAND 9a. FACILITY NAME (If not institution, give Street and rumber) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1352 EAST WEST SHAYD SIDE ROAD SHADY SIDE ANNE ARUNDEL DIRECTO RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL SHADY SIDE 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1352 EAST WEST SHADY SIDE RD. 20764 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yes or No-if yes, specify, Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 ON Specify: Z 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced BLACK 9 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) WATERMAN 17. FATHER'S NAME (First Middle Lest) 18. MOTNER'S NAME (First, Middle, Meiden Sumerne) CHARLES DAVIS FANNIE ALTON BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 20764 2 KATIE DAVIS 1352 EAST WEST RD. SHADY SIDE RD. SHADY SIDE, MD. 20e. METHOD OF DISPOSITION
1XIVBuriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State CHEWS CFURCH CEMETERY 10/1/92 OWENSVILLE, MD. 4 Donation 8 D Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 23. PART I. Enter the elseeses, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or near failure. List only one cause on each line. Approximate only one cause on each line. Interval Batween IMMEDIATE CAUSE (Finel **Onset and Death** Holang 10 disease or condition resulting in death) month ar DUE TO (DR AS A CONSEDUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF): that initiated eventa PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS

en in Part I.

AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO 1 YES 2 NO

28. PLACE OF DEATN (Check only one)

2

Nes

(Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW INJURY OCCURED
28e. PLACE DF INJURY — At h building, atc. (Specify)	nome, farm, street, fac	tory, office	28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)

85 6

(Check only	1	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner ee stated.
one)	2	MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the c

OTHER:

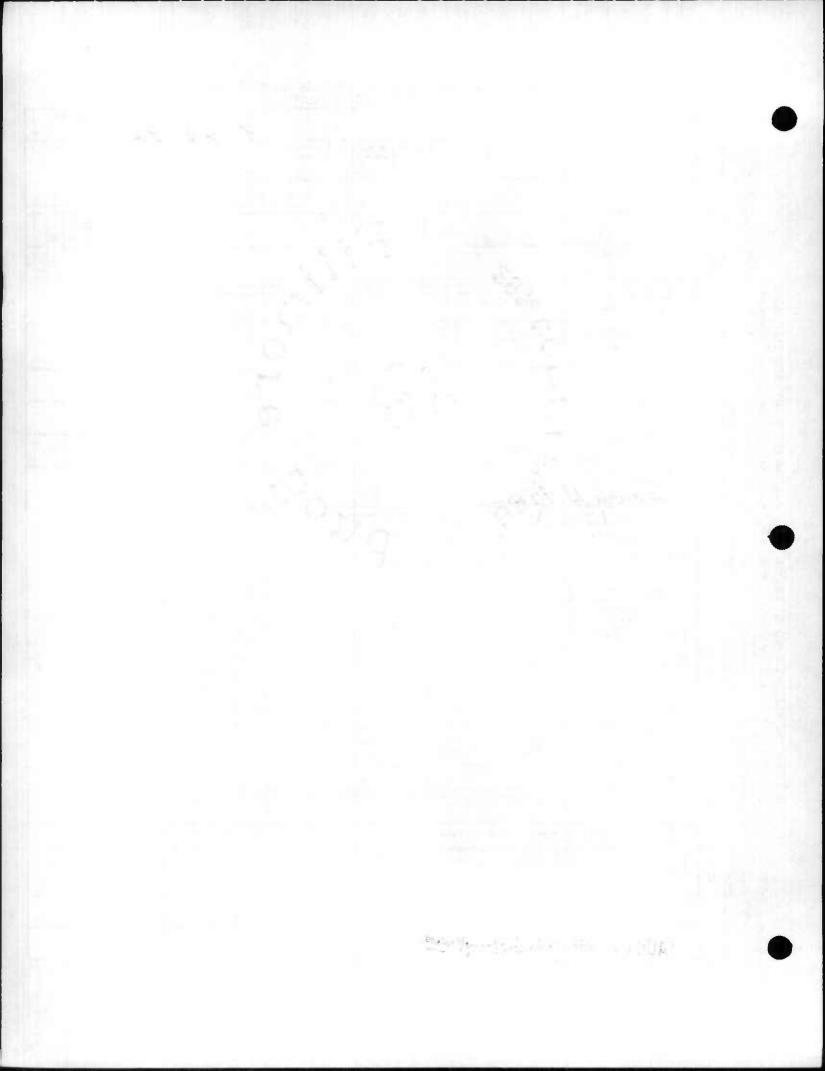
	and the place,	and the to the cansale) and manner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d, DATE SIGNED (Month City Vest)

Waynesul	Y
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	

HOSPITAL:

ie / bavm 134 over

31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE Devidor Borde R. Nes



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É	TO THE FUNERAL DIRECTOR AND PROPERTY AND PROPERTY OF THE FUNERAL DIRECTOR AND THE FUNERAL DIRECTOR. Date 5 should be detached	be filed within 72 hours are death and the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
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	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTME			MENTAL	HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	NELL C.	DUNN			2. DATE O MONTH	F DEATH	1 92	
		□ M 2 🖫 F 72	YRS, MONT	100	IF UNDER 24 HRS. HOURS MIN.	7/	F PIRTH Day, Year)		BIRTHPLACE (State or Foreign Country) UTAH
CTOR	WASHINGTON ADVENT	WASHINGTON ADVENTIST HOSPITAL TA					/	27.5	GOMERY
DIRECTOR		CE GEORGES	ADEL		TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 2210 APACHE STRI	FFT		101	ZIP CODE	83		USA	N OF WHAT COUNTRY?
BY FUNERAL		2. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	ENDENT OF NISPA ecity Cuben, Mexic 2 NO Speci	INIC ORIGIN?			Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		(Give kind of work of life. Do NOT use retin	one during mo ed.)		16b. (KIND OF BUS	INESS/INDUS	
BE COM	17. FATHER'S NAME (First, Middle, Lest) FRANK	STEVENSEN			18. MOTNER'S N.	AME (First, Mi			HANSEN
10	190. INFORMANT'S NAME (Typo/Print) LARRY W. DUNN		19b. MAILINO ADDE						
	20a. METNOD OF DISPOSITION Y Burlal 2 Cremation 3 Remova 4 Donation 8 Other (Specify)	GEC	ACE AND DATE OF DIS TY. CTOTUSTORY OF PUBLIC PLANTS OF WASH	NGTON	CEMETE		20c. LOC ADE	LPHI,	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE]	FRANCI	S J. CO	LLINS	FUNER	AL HON	ME, INC.
	23. PART i. Enter the diseases, or com shock, or heart failure, List IMMEDIATE CAUSE (Final disease or condition resulting in desth)	plications that caused the tonly one cause on each DUE TO (OR AS A CO	rillne.		Sleer		nc or rempir	ratory arrest	t, Approximata interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions of	farctions	not resulting in the Serger	gras	ceuse given in		PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sic		OSPITAL:		IER:	ACE OF DEATH (C	, , ,			
	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ				JURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street,	factory, office		281. LOCAT	TION (Street as Town, State)	nd Number or I	Rural Route Number,
COMPLETED		N: To the best of my knowledg							ause(e) and manner se atated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER CLAN R. SALL	J MD			29c. LICENSE NU DOス/		Md	29d. DATE SI	IGNED (Month, Day, Year) - 4 - 92
٩	30. NAME AND ADDRESS OF PERSON WHO C ALAN R. GAIR, M.D	. 11700 OLD	COLUMBIA				NG, MI	0 2090)4
	31. DATE FILED (Month, Day, Year) OCT 07 92	32. REGISTRAR'S SIGNATU	Bulate						

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TO THE HOSPITAL OR ATTENDING THE TRANSPORT THE REQUIRES that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the page. Of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If liem 28 is marked, or liem 23 shows any injury, or other travmatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF I	IEALTH AN	D MENT	AL HYGIEN		2 6.	20001
	1. OECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF OFATH			3. TIME OF DEATH
	ALBANYMP	HA DEALME	IDA		Se	Sept. 28 199		92 YEAR	6:45A m	
			E (In yrs. last birthday)	IF UNDER I YEAR	IF UNDER 24 HR	s. 7. DAT	E OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	012-42-6440 1 M 2 🚉 F		80 YRS.	MONTHS DAYS	HOURS MI	Jui	nth, Day, Year) ne 18 1	912	Bra	zil
~					OR LOCATION OF	F DEATH		9c. COU	NTY OF D	EATH
DIRECTOR	14312 BaldHill Ct	•		Burton	sville			Mon	tgom	ery
EG				TY, TOWN OR LOCA	TION					
E	Maryland Montg	omerv		rtonsvil						10d. INSIDE CITY LIMITS?
AL	10e, STREET AND NUMBER	Omery	Du		. ZIP CODE			10a CITI	ZEN OF Y	TYC YES 2 NO
FUNERAL	14312 Baldhill C	t.			2086	56				esident
5	11. MARITAL STATUS	12 WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HIS	PANIC ORIG	IN? (Specify Yes		14. RACE	- American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	OATES X	if yes, sp	ecify Cuban, Me	xican, Puerto	Rican, etc.)		Black	c, White, atc.
	A									Brazilian
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	Work done during mo	ON est of working	te	Bb. KIND OF BU	SINESS/IND	USTRY	
7	Elementary/Secondery (0-12)	College (1-4 or 5+)	Homema				Home			
OM	17. FATHER'S NAME (First, Middle, Last)		пошеша	Kel	40 MOTHERIN	NAME (C)	Middle, Meiden			
	Joao Jose Dealme	ida				Ana		Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street a				n Ctota 7in	Codel	
2	M. Scarpelli			Baldhil						866
	20e. METHOO OF DISPOSITION 1 Buriel 2 Cremation 3 Rem		b. PLACE AND DATE	OF DISPOSITION (Na				CATION -		
	4 🗂 Donation 5 🗆 Other (Specify)	P	emetery, cremetory or of arklawn	cemetery	9-30-9	2	Roc	kvil:	le. I	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEP 22. NAME AND ADDRESS OF FACILITY									
	Morus Ch. L	Frank			Rinald			CI		Spring Md.
	23. PART I. Enter the disesses, or o	complications that cause	ed the death. Do i	not enter the mo	de of dying, a	uch ss ca	rdiac or reapi	ratory srr	eat.	Approximata
	shock, or hasrt failura. IMMEDIATE CAUSE (Finel	List only one cause on	each line.	0	7 1					Intervel Between Onset and Death
	disease or condition resulting in death)	. ESUM	ragea	4 - 4 P 4 V			5 mon the			
		DUE TO (OR AS	A CONSEQUENCE OF	P):						3 . 0010 100
NO	Sequentially list conditions,	b								
Ā	if any, lesding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	DUE TO (OR AS A CONSEQUENCE OF):							
FIC	CAUSE (Disease or injury that initisted events	DUE TO (OR AS	A CONSEQUENCE O	F):						
CERTIFICATION	resulting in death) LAST	2		. ,.						
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AL	PART II. Other significant condition	s contributing to death	but not resulting	in the underlying	g ceuse given	in Part i.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
8							1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
M										t TYES 2 NO
PHYSICIAN: MEDIC										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH	Check only o	nne)			
₹	1 VES 2 NO	1 Inpatient 2 ER/Out		4 - Nursing Hom				14	05	pice.
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIM	URY WO	URY AT RK? 'ES 2 NO	28d. OE	SCRIBE HOW II	NJURY OCC	URED	
B	2 Accident Investigation 3 Suicide & Could and be	28e. PLACE OF INJUR	Y — At home, farm, s			284 1 0	CATION (Street a	and Meanhan		
	4 Homicide 6 Could not be	building, atc. (Spe	ecify)			City	or Town, State)	ING PROTITION	or nurai ri	oute Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the heat of my how	uladas dasth sasum	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -						
M	(Check only 2 MEDICAL EXAMINE	CIAN: To the best of my known R: On the bests of axamination	on and/or investigation	n. In my opinion, d	and place, and d	ha time det	e and place, an	ner es state	id.	and manner or stored
	24b. SIGNATURE AND/TITLE OF CERTIFIER			. , , , , , , , , , , , ,			a and place, all			
BE	Hazad .	Ams. PO	01	\wedge	29c. LICENSE N	3 C	35	29d, OATE	SIGNEO	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	EATH (ITEM 27) (Type	7) Print)	VU) 0	ررر		7/ 3	0/7
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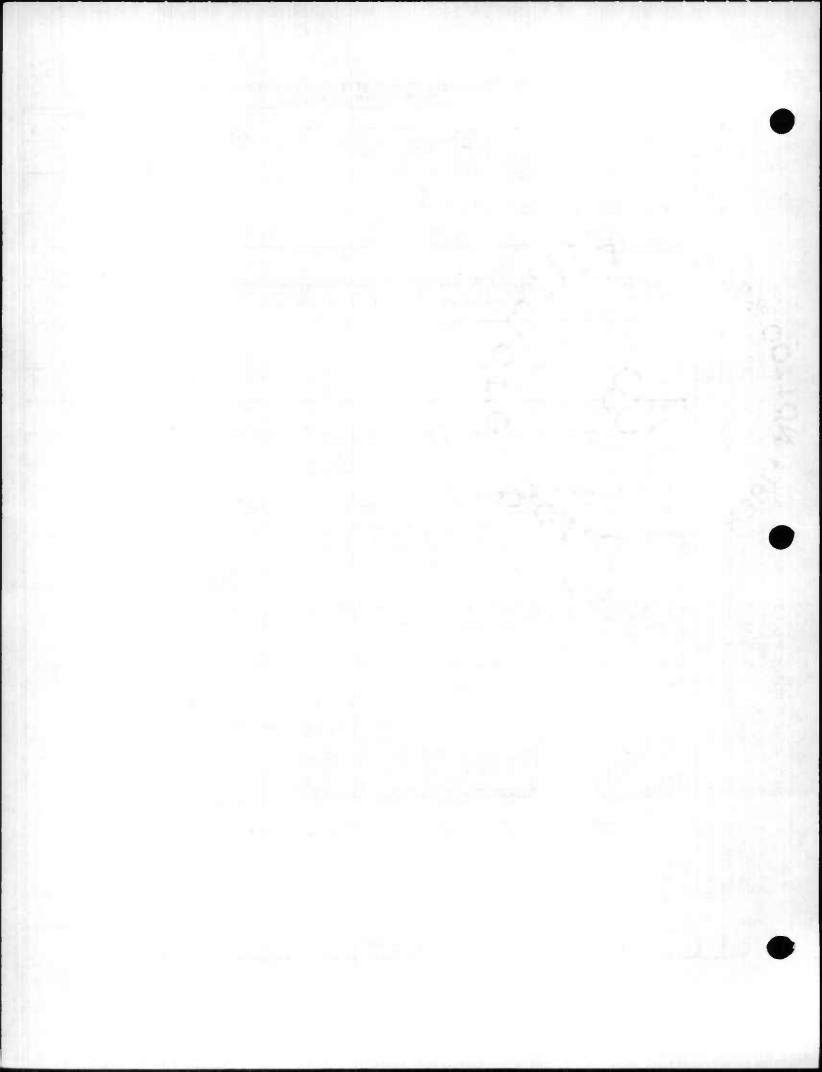
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ath certificate be	ttending physician	al Hygiene prior t	, or other traus
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ICIAN: The law re	certificate has bee	the State Dept. o	, or Item 23 sh
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The Igw maguines that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been's gined by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Place 1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
IE HOSPITAL DR	E FUNERAL DIRE	d within 72 hour.	SETANT: If Item
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF HEALTH AND ICATE OF DEATH	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	3 925	3. TIME OF DEATH 8:00 am M		
BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 217-10-8326		(In yrs. lest birthday) YRS.	F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	08 Mar	HPLACE (State or Foreign try) Cyland		
				9b. CITY, TOWN OR LOCATION OF Cambridge	DEATH		Dorchester		
	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT MD. DOY	chester	y, TOWN OR LOCATION Cambri	daó		10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER			101. ZIP CODE 21 61		10g. CITIZEN OF	1 € YES 2 NO WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced	r Married 2 Married FORCES? 1 YES 2 NO			ANIC ORIGIN? (Specify Yes o can, Puerto Rican, etc.)	Bla	U.S.A. 14. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					e &		
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	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Service Thomas Funeral Home 700 Locust St. Cambridge Md. 21613						al Home		
	23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only the cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate interval Between Onset and Death Approximate interval Between Onset and Death								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
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COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.								
BE	29c. LICENSE NUMBER 29d. DATE SIGNED, (Month, Day, Year)								
5	3. NAME AND ADDRESS OF PERSON WH	May Auror	ATH (ITEM 27) (Type A Staget	Print) Campriage	1621673 C S	Mr	2/16		
	31. DATE FILED (Month, Day, Year) OCT 1 6 '9'	32. REGISTRAR'S SIGN	ATURE CON-1/2	<u></u>					



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			32. REGISTRAR'S SIGNATURE DEVICES	TURE CONTRACTOR							

Section 200

3. TIME OF DEATH

DHMH-18 Rev 1/89

755

6. BIRTHPLACE (St Country)

9c. COUNTY OF DEATH

Maryland

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

219-22-2965

1. DECEDENT'S NAME (First, Middle, Last)

Helen

9a. FACILITY NAME (If not institution, give street and number)

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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OR ATTENDING PHYSICIAN: The law require	NRECTOR: After this certificate has been sign	ours after death with the State Dept. of Health
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1 PE	Baltimore County Gen. Hospital Randallstown Baltimor						nore			
DIRECTOR	10e. STATE 10b. CC		10c. CITY, TOWN OR LOCATION Reisterstown					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 313 High		10f. ZIP CODE 21136				10g. CITIZEN OF WHAT COUNTRY?			
₩	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 ANO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 X NO Spec	an, Puerto	IN? (Specify Yea Rican, etc.)		Black, W	American Indian, hite, etc.
once. COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working iffe, Do NOT use refered.) Teacher			b. KIND OF BUSINESS/INDUSTRY Pre-School					
at once	I JOHN DOON MAISTON				16. MOTHER'S NAME (First, Middle, Meiden Surname) Emma Margaret Hast					
TO B	John F. Eagai				and Number or Rura adow Rd.					21136
must be	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 C 4 Donation 5 Other (Specify)	Removal from Stale	b. PLACE AND DATE OF implery, cremetory or other Mary Land	disposition (Ner piace)	s Cem. 1	0/15	TE 20c. LO	cation - chy	or Town,	Md.
examiner must be notified at once	21. SIGNATURE OF FUMERAL SERVICE	blandt		22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Chapel 11605 Reisterstown Rd., Owings Mil					21117	
Procedure prior to bunal, cremation, or removal of the organization of the medical of ERTIFICATION	23. PART I. Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
shows any Injury; or-ether: MEDICAL CERTIFIC	PART II. Other significant cond	the underlyin	he underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			MED?	COL	RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
ed, or Nem 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C					
art with the narked, or sarked, or SY PHY	27. MANNER OF DEATH 1 Naturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	3 □ DOA 4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 28b. TIME OF 28c. INJURY AT WORK? 1 □ YES 2 □ NQ 1 □ YES 2 □ NQ						
Z8 is n	2 Accident Investigation 3 Suicide 8 Could not be determined 28. Could not be determin						Number,			
ANT: If Item 2	29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the best of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
B B	29b. SIGNATURE AND TITLE OF CER		se physi	cia	29c. LICENSE NU	MBER 456		29d. DATE SK	SNED (Mo	nth, Day, Year)
2 = 0	Sie Kien On	MIND COMPLETED CAUSE OF DE G. Baltimore C	ounty Ger	reral t	tospital	1. Ra	nd alls	town.1	nD	2/133
	OCT 1 3 '92	3. REGISTBAR'S SIGN	Mandale		1					

STATE DF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

EANNEEAGAN

5. SEX

1 - M 2 F

6. AGE (In yrs. lest birthday)

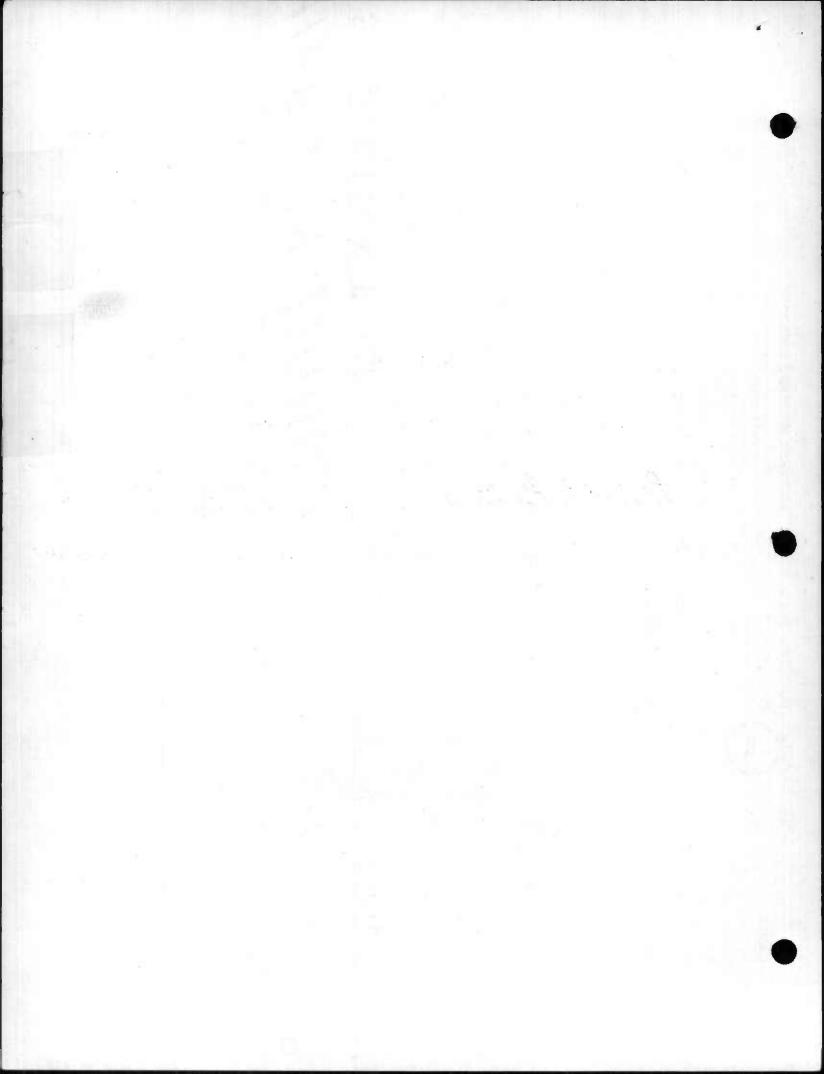
2. DATE OF DEATH MONTH 10 -/2

7. DATE OF BIRTH (Month, Day, Year)
Nov. 14,1927

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shows any injury, or other traumatic event, the medical examiner must be notified at once.	ĺ	
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1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTAL HYGIEN			
1. DECEOENT'S NAME (First, M					2. DATE OF DEATH MONTH	MY Y	EAR	1000 M
4. SOCIAL SECURITY NUMBER 220-94-1935	6. SEX 6. AG	27 YRS. M	F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10 04	1964	BIRTHPLACE Country) MARYL	(State or Foreign
99. FACILITY NAME (If not institute the second of the seco	D	9		ENT RIVE			MARY!	S
	ST. MARY'S		IFORNI				1	NSIDE CITY LIMITS? YES 2 NO
104. STREET AND NUMBER			10	I. ZIP CODE			N OF WHAT C	
10e. STREET AND NUMBER P. O. BOX 88 11. MARITAL STATUS 1 Never Married 2 1/2 M 3 Widowed 4 Divorce	12. WAS DECEDENT EVER FORCES? 1 YE	RIN U.S. ARMED S 2 NO DATES	If yes, s		NIC ORIGIN? (Specify Ye in, Puerto Ricen, etc.) y:		ED STA RACE — An Black, White Specify: C	nerican Indian, e, etc.
15. DECED (Specify only h Elementary/Secondary (0-1): 12th Grade 17. FATHER'S NAME (First, Middle)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use i WATER OPI	k done during m retired.)	ost of working	GOVERNI	MENT CC		TOR
CHARLES MAUI	RICE JOHNSON	10h MARING A	nnars, seann	ELIZAB	ETH VIRGIN	NIA HOL		R
	ES EMORY, JR.				RNIA, MD 2		oue)	
20e. METHOD OF DISPOSITION 1 Grandler 4 Donation 8 Dither (S 21. SIGNATURE) OF FUNERAL	3 Removal from State	St. John's	Cemet 22. NAME / Matti	ery ND ADDRESS OF FA ngley-Ga	I	neral H	ood, M Home,	aryland P.A.
	a. TRANSECT DUE TO (OR A DUE TO (OR A G C.	s a consequence of):	ERVICE	L CORA)	iratory arrea		Approximate Interval Between Onset and Death
	conditions contributing to death	n but not resulting in	the underlyli	g cause given in		RMED?	AVAIL COMP OF D	AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 X NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL HOSPITAL:		26. I	LACE OF OEATN (C)	neck only one)			
2 Accident in	vestigation 10 U1 28e. PLACE OF INJU- building, etc. (S	1992 1000 DITY — At home, farm, str	OF 28c. IN	JURY AT DRK? YES 2 NO	8 The Other (Specify) 28d. DESCRIBE NOW IMPACT FI 281. LOCATION (Street City or Town, State	ROM AIF	RCRAFT	
290. CERTIFIER 1 X) CERTIF	YINO PHYSICIAN: To the best of my kr	- NAS	at the time de	end place, and sho	BRONSON I	ROAD		
(Check only one) 2 MEDIC	AL EXAMINER: On the besie of examine							manner se stated.
TIMOTHY J. I	1	DEATH (ITEM 27) (Type, F	Print)	#010373		≥ 10	O 1	1992
31. DATE FILED (Month, Day, Ye	Naval Medic			sda, Mar	yland			
UCT - 5	92 Julia Davids	on-National						DHMH-18 Rev 1/8



DIRECTOR

FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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TO THE MOSPITAL OR ATTENDING PHESOLICE IN INVESTIGATION IN THE GRAIN CONTINUES BE EXECUTED WITHIN 24 hours after death. Page 6 may be retained by the hospital or attending physician.	e burlai-transit permit. P.		
y the hospital or attendin	be detached for use as the		rt once.
Page 6 may be retained b	director, page 5 should 1		er must be notified
in 24 hours after death. F	ely filled in by the funeral	nation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
militarite be executed with	g physician and complete	be filed within 72 hours after death with the Green cell tealth and Mental Hygers prior to burial, cremation, or removal.	ther traumatic event
equires that the death ce	on signed by the attendic	of Health and Mental Myg	hows any injury, or o
G PHESCHALLS INCH	or this terpficate hap been	th with Philippan Olyt. (tarked, or Item 23 st
HOSPITAL OR ATTENDIN	FUNERAL DIRECTOR: AM	within 72 hours after deal	TANT: If Hom 28 is m
TO THE	TO THE !	be filed v	IMPORT

29646 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH - 95 YEAR Daniel William Emrick 1322 10 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign 198-30-4575 DAYS N M 2 F 03-28-40 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel Medical Center Annapolis Anne Arundel RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Anne Arundel Annapolis 1 TES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 105 Huse Drive 21403 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 X Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 X YES 2 1 Never Married 2 Married White 3 Widowed 4 Divorced Vietnam 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) Mechanic Automotive 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) John O. Emrick, Sr. Margaret Ellen Halbig 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Fern E. Emrick 105 Huse Drive Annapolis, MD 21403 20a. METHOD OF DISPOSITION
1 ♀ Qurial 2 □ Cremetion 3 □ Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1 Donation 5 Other (Specify) Hillcrest. cemetery 10-06-92 Annapolis, MD 21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Home 147 Gloucester St. Annapolis, MD 214 1 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each lige. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition 240 resulting in death) DUE TO (91 Sequentially list conditions, DUE TO (OF AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined 4 Homicide 29a. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and man 29d. DATE SIGNED (Morgh, Day, Year) 92

HO COMPLETED CAUSE OF DEAN (ITEM 27) (Type, Print)

2 MEDICAL EXAMINER: On the b

68760, BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

28 is marked, or hear 22 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PORTANT: If item 28 is marked, or

GERARDO A

31. DATE ULT MUS DOS 92

	FOR STATE OF MAN	DV/ 4ND / DCD4 DTF			92 29647
	1 - STATE REGISTRAR		MENT OF HEALTH AND I CATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	ANN MARIE ENGEL			остовек 3,	1992 1:39p.m.
	4. SOCIAL SECURITY NUMBER 5. SEX 6. 1 \(\triangle \) M 2 \(\triangle \) F		F UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 7, 19	07 B. BHRTHPLACE (State or Foreign Country) Italy
1	9a. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOWN OR LOCATION OF DE		COUNTY OF DEATH
DIRECTOR	DOCTORS COMMUNITY HOSPIT	ral L	ANHAM	P	RINCE GEORGES CO.
DIRE	Maryland Prince George's		chellville		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10s. STREET AND NUMBER		101. ZIP CODE	10	g. CITIZEN OF WHAT COUNTRY?
E	3800 Lottsford Vista Road		20	0721	United States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 XNO	13. WAS DECEMDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify	HC ORIGIN? (Specify Yes or I	
0	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUSINE	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Homemake	t done during most of working street.)	Own hom	10
OM O	17. FATHER'S NAME (First, Middle, Last)	Homemake		ME (First, Middle, Meiden Surn	
BE C	Unavailable			ilable	natively
10 B	19a. INFORMANT'S NAME (Type/Print)		DORESS (Street and Number or Rural in		
F	Alvin Engel	8001 Qu	arry Ridge Way	, Bethesda,	MD 20817
	20g. METHOD OF DISPOSITION 1 ① Burlel 2 □ Cremation 3 □ Removal from State	20b. PLACE AND DATE OF I	DISPOSITION (Name of place)	1	ION — City or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Uheb Shal	OM Cemetery 22. NAME AND ADDRESS OF FA		more, Maryland
	· Ellen XI. R.	2 200	Rapp Funeral	Services, P	. A. Spring, MD 20910
	23. PART I. Enter the diseases, or complications that ca	used the death. Do not	enter the mode of dying, suc	h as cardiac or respirate	ory arrest, Approximate
	shock, or heart failure. List only one ceuse IMMEDIATE CAUSE (Final	on each line.	0 /	,	interval Between Onset and Death
	disease or condition resulting in death)	2 Monie	obstruct	ine pu	Imonery.
	OR DUE TO (OR	AS A CONSEQUENCE OF):	des	elled	8
RTIFICATION	if any, lawding to immediate	AS A CONSEQUENCE OF):			
	CAUSE (Disease or Injury	AS A CONSEQUENCE OF:			
CERTII	that initiated events resulting in death) LAST d.	A CONTRACTOR OF).			
	PART II. Other significant conditions contributing to de-	th but not resulting in	the underlying cause given in		
2	Diabelles mel	letter	Type II	PERFORMED	COMPLETION OF CAURE
PHYSICIAN: MEDICAL	maden dy	ladens	W	_	1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch	ack only one)	
Sic	EXAMINER? 1 YES 2 YES 2 YES 1 Inpetient 2 YES		THER: Nursing Home 5 Residence		
PHY	27. MANNER OF DEATH 1 Seatural 5 Pending 28a. DATE OF INJ (Month, Day, Y		F 28c. INJURY AT	28d. DESCRIBE HOW INJUI	RY OCCURED
B	2 Accident Investigation	/A N/	1 VES 2 Jyd	- //	A-
TED	3 Suicide 6 Could not be determined 28s. PLACE OF IN bulkling, etc.	JURY — At home, farm, stre (Specify)	ractory, office	City or Town, State)	Number or Rural Route Number,
COMPLET	29a. CERTIFIER (Check only	knowledge, death occurred a	It the time, date and place, and due	to the cause(s) and menner	as stated.
WO	one) 2 MEDICAL EXAMINER: On the beals of sxemi				
ш	296/SIGNATURE AND TITLE OF CENTIFIER		20c. LICENSE NUM	MBER 29	d. DATE SIGNED (Month, Day, Year)
8 0	resursen stand	- MD	D177	199	10/4/82
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type Pr	ort)		

M GACAD (6510 KEN/2WORTH

2. REGISTRATE SIGNATURE

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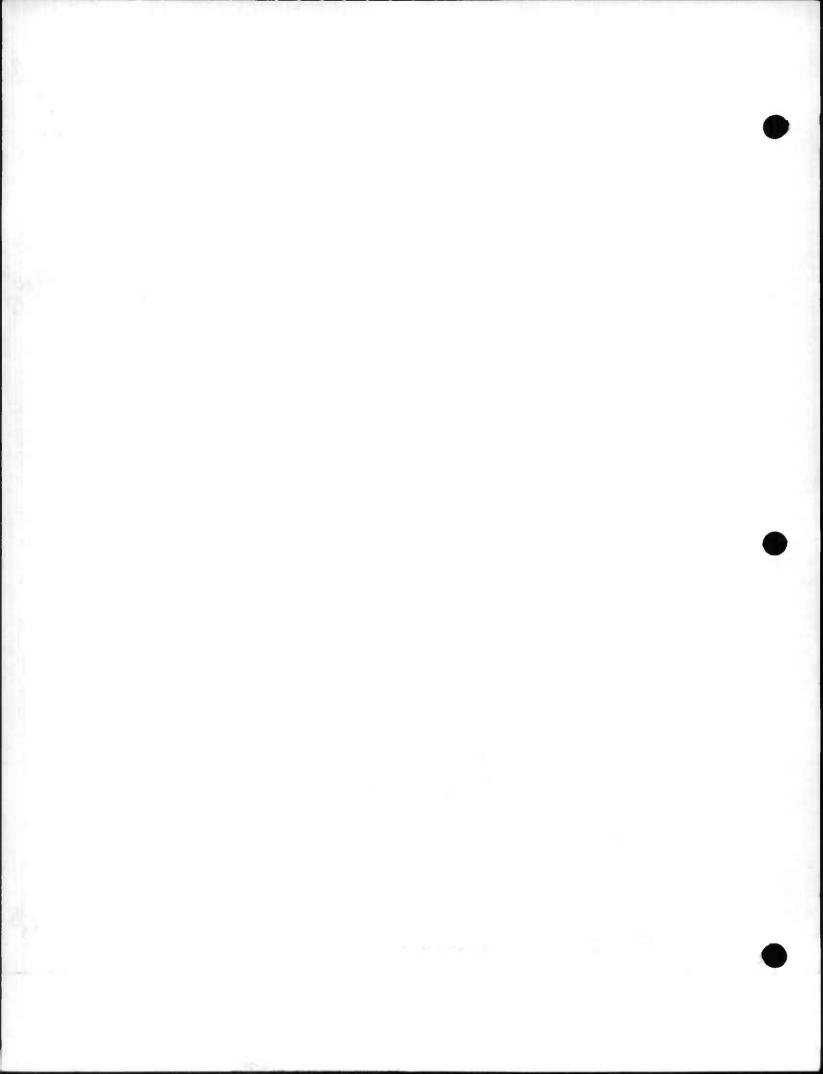
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RECORDS, P.O. BOX 68760,

DIVISION

BALTIMORE, MARYLAND 21215-0020

	REGISTRAR			FICATE OF	DEATH	F	REG. NO.		
0.00	1. DECEDENT'S NAME (First, Middle, Lai	Robert Mich	Pel Egan			2, DATE OF MONTH	DEATH	YEAR 97	3. TIME OF DEATH
- 5	4. SOCIAL SECURITY NUMBER	5, SEX 6, AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	600	THPLACE (State or Foreign
	578-18-7184		6 YRS.	MONTHS DAYS		(Month Di	0, 192	Cou	ash., D.C.
	9a. FACILITY NAME (If not institution, give	11	U .	9b. CITY, TOWN	OR LOCATION OF C			COUNTY OF	
						- LAIN	1		
-	Suburban Hospi	LdI		Beth	esua		1 .	Montg	omery
DINESION	10a. STATE 10b. COU	NTY	10c. CI	TY, TOWN OR LOC	ATION				10d. INSIDE CITY
	MD Mon	tgomery	Ro	ckville					1 XYES 2 NO
	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g	. CITIZEN OF	WHAT COUNTRY?
6	#1 Old Club Co	urt			20852			U.S.	Α.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	N U.S. ARMED		CENDENT OF HISPA				CE — American Indian, ick, White, atc.
10	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, DIVE WAR OR I	DATES		S 2 K NO Spec		11, 416)		ecify:
		W.W. II		!					White
	15. DECEDENT'S E (Specify only highest gro	nde completed)		work done during r		16b. Kil	ID OF BUSINES	S/INDUSTRY	
	Elamentary/Secondary (0-12)	College (1-4 or 5 +)			C =			** 0	0 1.
	17. FATHER'S NAME (First, Middle, Last)	5+	Federal	Bureau	of Inves				. Gov't.
	Charles M. Ega	n			18. MOTHER'S N.			me)	
					Ruth D				
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural			e, Zip Code)	
	Barbara M. Ega				Ct., Roc			20852	
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 3 □ Re	emoval from State CB	b. PLACE AND DATE	OF DISPOSITION (in other place)	Name of	DATE	20c. LOCATIO	N — City or	Town, Sieta
	4 Donation 6 Other (Specify)		St. Mar	v's Cem	etery	10/9	Spe	ncer,	MA
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			and address of F		. Inc		
	This has	Lethal.	412		•		-		on,DC 2001
	23. PART I. Enter the diseases, of	or complications that cause	d the death. Do	not anter the m	ode of dving, su	ch as cardiac	or respirator	V arrest.	Approximate
- 1	ahock, or heart failur	e. List only one ceuse on	each line.				(a) an Endergree (,	Interval Between
- 1	IMMEDIATE CAUSE (Final disease or condition	o 1	L. tr	1 /0	٨ ١.	. 12			Onset and De
- 1	resulting in death)	DUE TO (OR AS	A CONSEQUENCE C	N ble		u vo			
- 1		Seath	o to	an. In	F 1	a bake	A = 130	Manage	sis es/cilitis
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE C	D (002.0)	May He	N I C	Gastie	puo e.	
	cause. Enter UNDERLYING	all bus	al min	al di	sid as.	lichdo	hu lad	what	AVO.T.
	CAUSE (Disease or Injury thet initiated events	DUE TO (OR AS	A CONSEQUENCE C	OF):		SALCA VIVE	WH I DA	NUVE	con Carris
CERTIFICATION	resulting in death) LAST	a hyper	Pusion	1					
		1100							
EDICAL	PART II. Other algorificant condition	1	out not resulting	In the underlyl	ng ceuse given ir	Part I. 24	PERFORMED?		Ib. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO
	77.0	Kes					YES 2 K N	- 1	COMPLETION OF CAUSI OF DEATH?
	ann	lac							1 YES 2 NO
. 1		413.5							
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)			
5	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 □Xinpetient 2 □ ER/Out	patient 3 DOA	OTHER:	me 5 🗆 Rasidence	6 Other /Sr	omcify)		
	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TI	ME OF 28c. II	IJURY AT		BE HOW INJURY	OCCURED	
- 1	1 Netural 5 Pending	(Month, Day, Year)	IN IN		YES 2 NO				
5	2 Accident Investigatio 3 Suicide 6 Could not t	28e. PLACE OF INJUR	Y — At home, ferm,	street, factory, off	Ice	28f, LOCATIO	N (Street and Nu	mber or Rura	I Route Number.
	4 Homicide determined	building, atc. (Spa	icify)			City or To	wn, State)		
	29a. CERTIFIER								
COMPL		YSICIAN: To the best of my know							
3	2 [] MEDICAL EXAM	INER: On the beals of exemination	m and/or investigati	on, in my opinion,	death occured at the	e time, data and	place, and dua	to the cause	e(a) and manner as stated
u	29b. SIGNATURE AND TITLE OF CERTIF	TIER			29c. LICENSE NU	MBER	29d.		D (Month, Day, Year)
	KNOSL	di'			1023	091		10	016192
-	30. NAME AND ADDRESS OF PERSON								
	K, 100120	4915 A	uburn Av	e., Bet	hesda, M	2081	4		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	ATURE					-	
	UU U7 '92	gretia Devid	And Adopted	2					

Disposition of

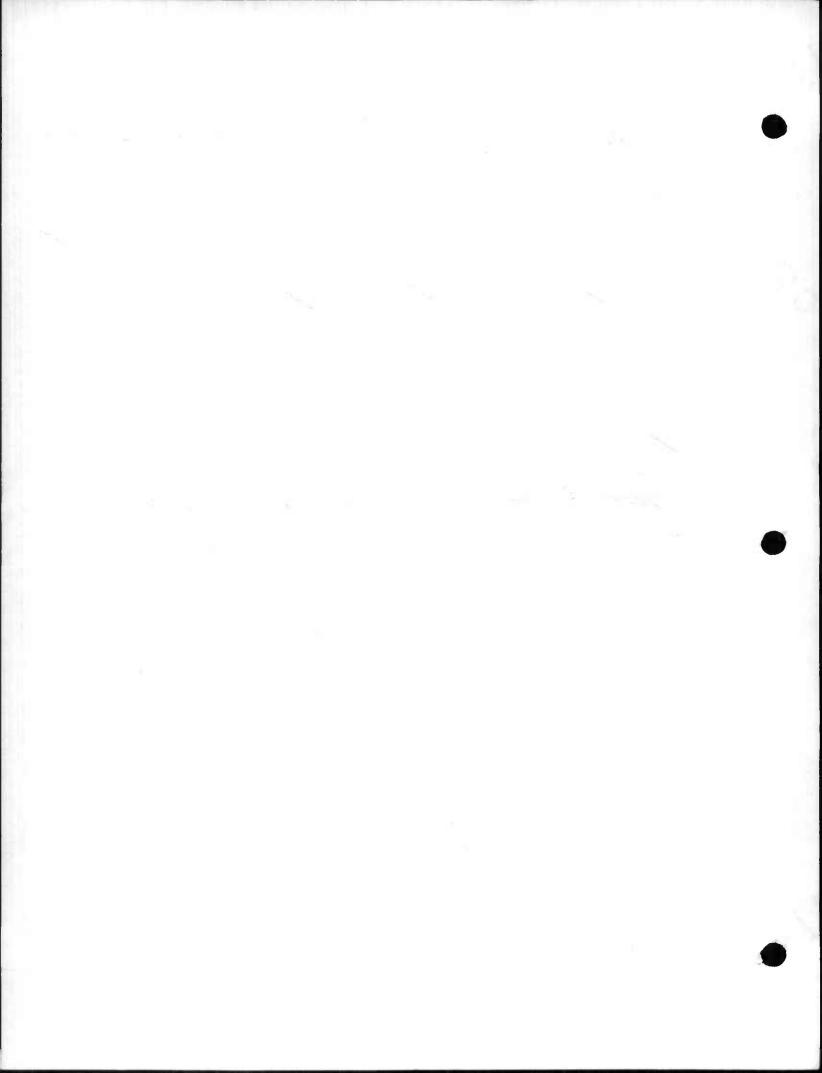
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12	THE HOSPITAL
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FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		HEGISTHAH				CERTIF	ICALI	E OF	DEA	IH		REG. NO.			
		1. DECEDENT'S NAME (First, Midd		OI THED I	ZA CIMIT A	ND TT	т				2. DATE (D		YEAR 3	TIME OF DEATH
				OLIVER I							OCT		92		10:28 M
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER	DAYS	HOURS	24 HRS.	7. DATE C	PERTH Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
2		437-30-0049		1 M 2 F	8	31 YRS.				200	SEP	29 1	911	MISS	ISSIPPI
3 should	8	9s. FACILITY NAME (If not institution	on, give atr	set end number)			9b. CITY	r, TOWN	OR LOCATI	ON OF DE	EATH		9c. COUN	ITY OF DEA	ТН
رة د	8	NATTONAL N	AVAT.	MEDICAL	CENT	rer		В	ETHE	SDA			1	MONTO	GOMERY
÷	5									7.2.4					
200	DIRECTOR	MARYLAND	COUNTY	TGOMERY		10c. CF	Y, TOWN (rion NGTO	NT.				10	Od. INSIDE CITY LIMITS?
permit. Pages 1,			PION	IGOMERI			IX.	TINDT	MGTO	N				1	YES ZY NO
	FUNERAL	10e. STREET AND NUMBER						10	. ZIP COD	E			10g. CITIZ	EN OF WH	AT COUNTRY?
physician. burial-transit	Ü	4412 PULLE	R DR						2	0895			UN	ITED	STATES
physician burial-tra	5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	J.S. ARMED					NIC ORIGIN?	(Specify Yes	or No-	14. RACE -	- American Indian, White, etc.
	ВУ	1 Never Married 2 Merri 3 Widowed 4 Divorced	ed	IF YES, GIVE					2X NO			comit, attory		Specify:	
attending se as the	0									_					WHITE
use a	ш	15. DECEDEN (Specify only high			1	(Give kind of life. Do NOT u	USUAL O	during mo	ON ast of worldi	ng	16b.	KIND OF BUS	SINESS/INDI	JSTRY	
0 5	LET	Elementary/Secondary (0-12)		College (1-4 or 8											
he hospital or detached for once.	M			5+	AI	DMINIST	RATI	VE L	AW J	UDGE	FE	DERAL	GOVE	RNME	TV
	COMPL	17. FATHER'S NAME (First, Middle,	Last)						18. MOT	HER'S NA	ME (First, M	iddle, Maiden	Surname)		
5 8 6	BE	OLIVER EAS	TLAN	D. II						VIO	LA MA	Y CRA	NE		
5 should notified		19e. INFORMANT'S NAME (Type/Pr	int)			19b. MAILING	ADDRES	\$ (Street a	nd Number	or Rural F	Route Numbe	r, City or Tow	n, State, Zip	Code)	
De 5 s	2	CATHLEEN B.	EAST	LAND		4412	PUL	LER	DRIV	E. K	ENSIN	GTON,	MD	20895	5
> 2 -		20A, METHOD OF DISPOSITION				LACE AND DATE	OF DISPOS	SITION (No			DATE		CATION - C		
ector, pertor,		1 🖄 Buriel 2 🗆 Cremetion 3 4 🗆 Donation 5/🗓 Other (Spec		val from State	Cemete A F	RLINGTO	N NA	TTON	ΔΤ		10/7	ADIT	MCTON	1 37 T I	RGINIA
within 24 hours after death. Page ipletely filled in by the funeral directeration, or removal.		21. SIGNATURE OF SUHERAL SER	NICE LICE	SHOPE // //	1 411	WINOIO	_		ND ADDRE	SS OF FA	CILITY	HILLI	NGION	, VII	MGINIA
death. Pag tuneral dir d. examiner		► / IMAIAN	11/	1.1 20			FR	ANCI	SJ.	COL	LINS	FUNER	AL HO	ME,	INC.
by the fi emoval.		UNCUL	UL	1. We			50	O UN	IVER	SITY	BLVD	W.	SIL.S	PR.	D.20901
d in by th or remova		23. PART I. Enter the disease ahock, or heart	ea, or of	proplications the	it caused to	he death. Do	not enter	tha mo	de of dy	ing, sucl	h aa cardi	ac or reapi	ratory arre	ent,	Approximate
filled in		IMMEDIATE CAUSE (Final		T											Interval Between Onset and Death
within 24 npletely fill cremation, rent, the		disease or condition resulting in death)	- 1	I .	ESOPH	AGEAL (CANCE	ER.							
		resolving in death)		DUE TO		ONSEQUENCE O		311							
executed and con burial, matic en	z		- b]
be execut sician and c rior to buri traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate		DUE TO	(OR AS A C	ONSEQUENCE O	F):								
leath certificate be attending physician mai Hygiene prior to y, or other traus	8	cause. Enter UNDERLYING CAUSE (Disease or Injury													
death certificate attending physicental Hygiene pri	重	that initiated eventa		DUE TO	(OR AS A C	ONSEQUENCE O	F):								
h certi anding Hygie or oth	F	reaulting in death) LAST	d												
O m		DART II OH I III			and the same										1
by the Infu	EDICAL	PART II. Other aignificant co	nditions	contributing to	death but	not reaulting	In the ur	nderlyin	g cause (given in	Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
and the	음										_ [YES 2	□ NO		OMPLETION OF CAUSE F DEATH?
quires n sign f Heat	ME											44			☐ YES 2 🙀 NO
las been bept, of 1															K
law la Dept m 23	PHYSICIAN:	25. WAS CASE REFERRED TO MED	-					26. PL	ACE OF D	EATH (Ch	eck only one)			
W 100 m	Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpati	ent 3 DOA	OTHE!		6 5 D Re	sidence	6 Other	(Specify)			
	¥	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIN	E OF	28c. INJ	URY AT			RIBE HOW II	NJURY OCC	URED	
2 3 5		1 🕅 Natural 5 🗌 Pendi		(Month, E	Ney, Year)	IN.	JURY M		RK? YES 2	¬ NO	200-01-				
A SE	ВУ	2 Catalda	Igation	28e, PLACE C	F INJURY —	At home, ferm,	street fac				201 LOCA	FION (Street e	and Mumbas	ns Overal Day	to Musebase
M Par Se	8	4 Homicide detarr		building,	etc. (Specify))	atreat, tac	tory, orne		- 1		Town, Stete)	ina Number (or Hurai Hou	te Number,
A SEC	<u> </u>	CO. OFFICIER	-		-				-						
1 0 0 E	Ы			AN: To the best of											
NER PIN 7	COMPL	one) 2 MEDICAL E	XAMINER	: On the besis of e	xamination e	nd/or investigation	on, in my o	opinion, d	eath occur	red at the	time, date e	nd place, en	d due to the	ceuse(s) a	nd menner es stated.
TO THE HOSPITAL OR ATTENDED TO THE FUNERAL DIRECTOR AND BE filed within 72 hours after the IMPORTANT: If Hern 28 is an	_	296. SIGNATURE AND TITLE OF C	ERTIEIE	/	7				29c. LICE	ENSE NUN	ABER		29d. DATE	SIGNED_/N	Ionth, Day, Year)
M S T T S	BE	111 2	1h	001	0-	mi							> /	mle	197
FFA	5	30. NAME AND ADDRESS OF PER	SON WHO	COMPLETED CAU	SE OF DEATH	H (ITEM 27) (Type	, Print)	N	ATTO	NAT.	NAVAT	MEDI	CAL.	ENTE	R
		M. WHEELER,						B	ETHE	SDA,	MD 2	0889-	5600	الثقالية المصدم	
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DIVISION OF	

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			IENTAL HYGIE		2 29650
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			wans		October	2 19	92 103/ A m
	214-12-5273 9a. FACILITY NAME (If not institution, give st	1 M 2 F	59 YRS. MOI	ITHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	923	Maryland
TOR	PENINSULA REGIONA			ALISBUR	LOCATION OF DEA	ATH		Y OF DEATH OMICO
DIRECTOR	10a. STATE 10b. COUNTY	cester	710 1 3 3 3	Show H				10d. INSIDE CITY LIMITS? 1 YES 2 NO
AL	10e. STREET AND NUMBER	CESCEI			ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
FUNER	6449 Whiteshu				1863 -			U.S.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 1NO	If yes, spec	NDENT OF HISPANK Ify Cuban, Mexican, I NO Specify:	C ORIGIN? (Specify , Puerto Rican, etc.)	Yes or No 1	4. RACE — American Indian, Black, White, etc. Specify: White
ETED.	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work Ille. Do NOT use ret	done during most	of working	16b. KIND OF	BUSINESS/INDU	
COMPL	11		C & P	Tel. E	mplove	Com	munica	tions
	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maid	,	
BE	190. INFORMANT'S NAME (Type/Print)	tler	196. MAILING ADD	PRESS (Street and		Ruar		(ode)
5	Mr. Walter Wil	lis Evans			ura Roa		w Hill	
	20a. METHOD OF DISPOSITION 1 Burtal 2 Cremation 3 Remo		PLACE AND DATE OF DI	SPOSITION (Name				ly or Town, State
	4 Donation 5 Other (Specify)	ENSEE	Reechwoo		tery	110/5 P	r. Ann	e, Maryland
	· Janus Filis	max)		Hinm	an Fune	eral Ho		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF:	JA, C	- 50 Y	Ventre La	y TO	Onset and Deeth
ML C	resulting in death) LAST PART II. Other significant conditions	S contributing to death but	t not resulting in th	e underlying	cause given in P		AN AUTOPSY ORMED?	24b. WERE ALTOPSY FINDINGS ABBLABLE PROFITO
NA MEDIC						_ 1 □ ves	2 HO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN	25, WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 EN/Output		HER:	S Residence 6	own delicated to a control		
PH	27. MANNER OF DEATH 1 Natural S Pending	28s. DATE OF INJURY (Morth, Day Year)	286. TIME OF INJURY	The state of the s	TA Y	264. ОЕБСЛІВЕ НО	WALLEL OCCU	RED
BY	2 Accident Investigation	28s. PLACE OF INJURY -	- At home, farm, street		8 2 MO	THE LOCATION (See	at and bounder or	Plant Pleate Number
ETED	4 Homicide determined	building, etc. (Specify	y)	The state of		City or Town, Sta	NO MANAGE (IF	Passe results restricted.
COMPLETED		CIAN: To the best of my knowle T: On the basis of examination						cause(s) and manner as stated.
BE C	296 SIGNATURE AND TITLE OF CERTIFIER	9/1		1	Pec. LICENSE NUME	BER	29d. DATE S	SIGNED (Month, Day, Year)
5	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CATEGORY	TH ATEM AT AT		D204	41	10	-2-92
	Joseph Raffe	to Qui	incy and		5+3, 5	Alisbur.	, Md	. 2180
	31. DATE FILED (Month, Day, Year) OCT = 5 '92	32. REGISTRAR'S SIGNAT	Son Randoll	•			1	



STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

68760,	
BOX 6876	
P.O. B	
AL RECORDS,	200
F VITAL B	
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NOISINIC	

PATRICK MICHAEL. JR AM FOLEY ' 10 92 :33 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 213-37-2994 HOURS 1 🔣 M 2 🗌 F Aug. 13, 1992 MD permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CALVERT MEMORIAL HOSPITAL PRINCE FREDERICK CALVERT RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD Calvert Lusby 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Valerie Lane 20657 USA use as the burial-transit retained by the hospital or attending physician. 5 should be detached for use as the burial-tran WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
 If wea accepty Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secon dary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) Michael Patrick Foley, Sr. notified at Suzanne Ruifrok BE page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elizabeth 12653 Calvert Ct., Lusby, MD Foley 20657 hours after death. Page 6 may be 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must funeral director, Metropolitan Crematory 10-9-92 Alexandria, VA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 20676 William Rausch Funeral Home, P.A. Port Republic, MD law requires that the death certificate be executed within 24 hours after d as been Signed by the attending physician and competely filled in by the legic of Health and Mental Hygiene prior to burial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only interval Between Onset and Death **IMMEDIATE CAUSE (Final** the disease or condition CONGEDITAL HEART DISEASE event, 1 resulting in death) DUE TO /OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TES 2 NO 1 YES 2 NO PHYSICIAN: this certificate has be with the State Depri item 23 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) THE YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investiga 1 YES 2 NO BY After 2 Accident OR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 6 Could not be determined COMPLETED FUNERAL DIRECTOR: within 72 hours after 4 Homicide 28 Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated. HOSPITAL (Check only one) = TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296, GIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. 10-08-1992 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 PENN STREET BALTIMORE, MARYLAND 2120 HAMPMOD 13 KOREW MUD 31. DATE FILED (Month, Day, Year) Julia Davidson-Rande De - 9 1992

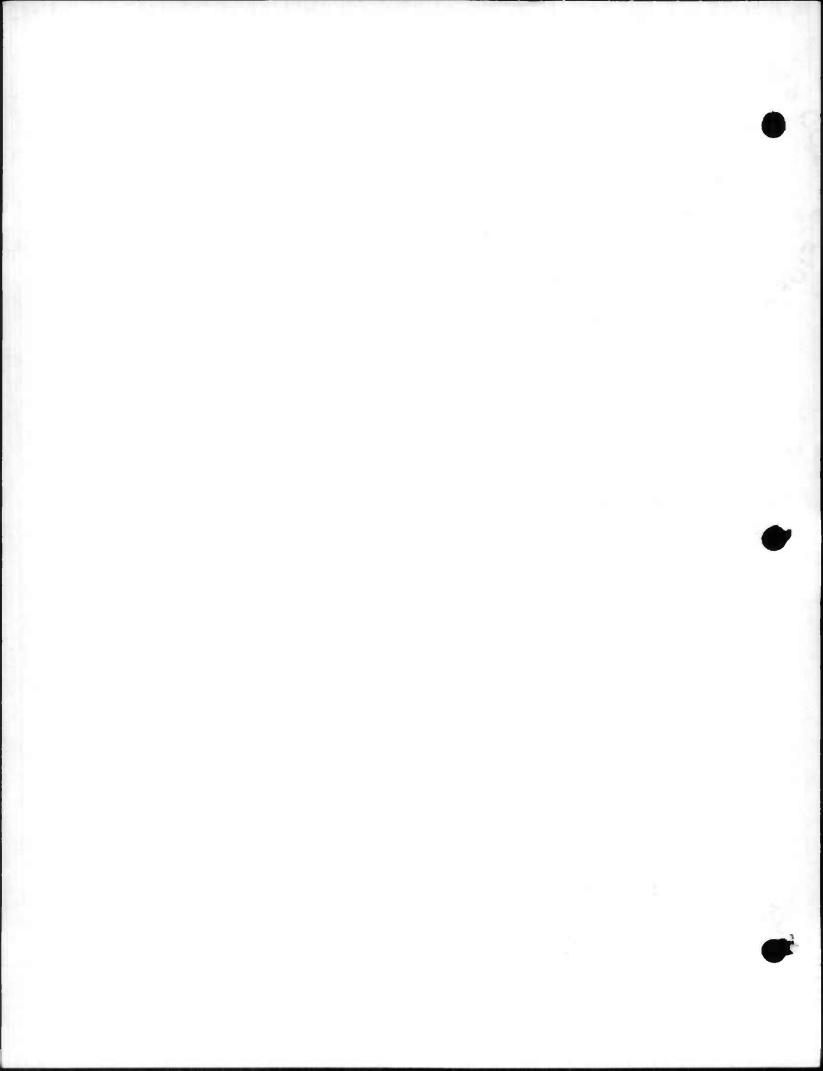
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO 2. DATE OF DEATH DAY

3. TIME OF DEATH

YEAR



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

hitche has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Days. of Health and Mental Hygiene prior to burial, cremation, or removal. It is not requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICA TO THE FLINESAL DRECITOR AND SERVICE DO Blod within 72 hours and seath with the IMPORTANT. If Item 28 is reserved or

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

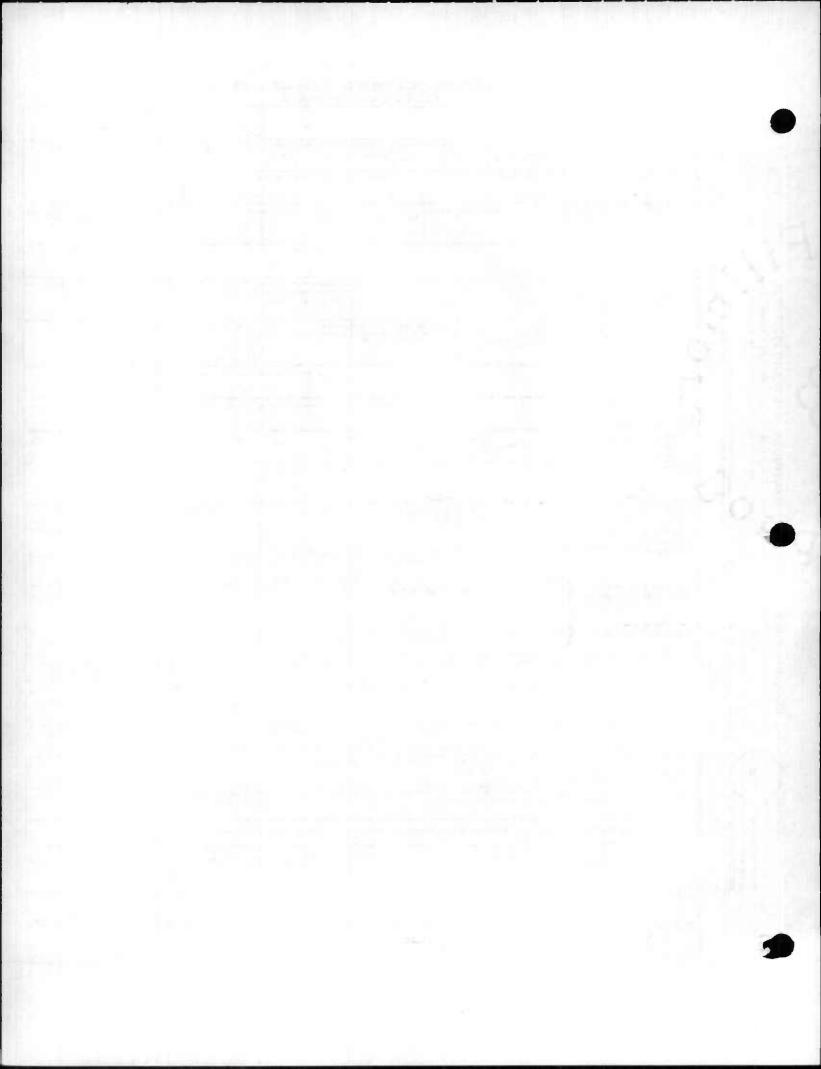
30. NAME AND ADDRESS OF PERSON

SEP 5 1992

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
FUNCTOR NOT RENDERS

						2. DATE OF DEA			3. TIME OF DEATH
Paul Winton Fur	ık					SEPT	22 ·	1992	1700
. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	Н	8. BIRTI	HPLACE (State or Foreign
236-44-6079	1 X M 2 F	65	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Y	7	Count	Virginia
e. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, TOWN	OR LOCATION OF D			UNTY OF D	
Frederick Memori	ial Hospi	tal		Frede	ick		F	reder	ick
0a. STATE 10b. COUNT			10c. CITY	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
Maryland Fre	ederick		(I)a	lkersvil	200				LIMITS?
. STREET AND NUMBER	a o o c c c c c c c c c c c c c c c c c		WOO		f. ZIP CODE		10a. CI	TIZEN OF V	WHAT COUNTRY?
61 Frederick Str	oot				21793			ISA	
. MARITAL STATUS	12. WAS DECEDER	YT EVER IN U.S.	ARMED	13. WAS DEC	CENDENT OF HISPAI	NIC OBIGINS (See			E — American Indian.
□ Never Merried 2 🖄 Merried □ Widowed 4 □ Divorced	FORCES?	YES 2	NO	If you, sp	ecify Cuban, Mexica 2 NO Specif	in, Puerto Rican, el	c.)	Blec	ik, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. 1	DECEDENT'S	USUAL OCCUPATI	ON	16b, KIND C	F BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College 1-4 or 5		(Give land of w life. Do NOT us	vork done during mo ne retired.)	ast of working		Alpha F	orts	and
12		- 5	Storek	eeper &	Purcha A	agnt i	omont	Ca.	
FATHER'S NAME (First, Middle, Last)		111				ME (First, Middle, M			
Frank B. Funk					lillu	Mae Hen	alino		
e. INFORMANT'S NAME (Type/Print)		T	19b. MAILINO	ADDRESS (Street	and Number or Rural			(in Corte)	
Mrs. Ruby Funk					st., wa				0.3
la. METHOD OF DISPOSITION		20h PLAC		OF DISPOSITION (N			c. LOCATION -		
☐ Burial 2 ☐ Cremation 3 ☐ Rem ☐ Donation 5 ☐ Other (Specify)	ioval from State	cometen o	cremetony or of	thor place)		1			Carlotte Control
		- I KUA4							
I. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1 1000	naven	Memorica	ul Garden	139/25/192	Fred	ieric	.k. MD
I. SIGNATURE OF FUNERAL SERVICE LIE	CENSEE D	1 1034	naven	22. NAME A	ND ADDRESS OF FA	CILITY		ieric	R, MV
Signature of Funeral Service Lie	L Len	mer	<u>naven</u>	Stauf	fer Fune	ciury Tal Homi		ieric	R, MV
3. PART I. Enter the diseases, or	LLen complications the	multi) death. Do n	Stauf Frede	NO ADDRESS OF FA Her Fune Vick. MD	ciuty ral Homi 21702	es, PA	- 1	R, MV
Jewson 3. PART I. Enter the diseases, or ahock, or heert feliure.	LLen complications the	multi) death. Do n	Stauf Frede	NO ADDRESS OF FA Her Fune Vick. MD	ciuty ral Homi 21702	es, PA	- 1	Approximate interval Between
3. PART I. Enter the diseases, or shock, or here fellure.	Len complications the List only one can	nt ceuaed the cuse on each lin	death. Do n	Stauf Frede	ND ADDRESS OF FA Ser Fund Wick, MD Inde of dying, auc	ciuty ral Homi 21702	es, PA	- 1	Approximate interval Between
3. PART I. Enter the diseases, or ahock, or heral sease or condition	Len complications the List only one can	nt ceuaed the cuse on each lin	death. Do n	Stauf Frede	ND ADDRESS OF FA Ser Fund Wick, MD Inde of dying, auc	ciuty ral Homi 21702	es, PA	- 1	Approximate interval Between
3. PART I. Enter the diseases, or ahock, or heral sease or condition	complications the List only one can	at ceused the cuse on each life	death. Do n	Stauf Freder not enter the mo	NO ADDRESS OF FA	CHITY VIAL HOME 21702 has cardiec or	25, PA	- 1	Approximate interval Betwee Oneet and Das
3. PART I. Enter the disesses, or ahock, or heert fellure. MMEDIATE CAUSE (Final issess or condition southing in death)	complications the List only one can	at ceused the cuse on each life	death. Do n	Stauf Freder not enter the mo	NO ADDRESS OF FA	ciuty ral Homi 21702	25, PA	- 1	Approximate interval Between
3. PART I. Enter the disease, or ahock, or heert failure. #MEDIATE CAUSE (Final isease or condition beuiting in death) equentially list conditions, any, leading to immediate	complications the List only one can	at ceused the cuse on each life	death. Do n	Stauf Frede	NO ADDRESS OF FA	CHITY VIAL HOME 21702 has cardiec or	25, PA	- 1	Approximate interval Betwee Oneet and Das
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	L HYGIENE REG. NO.	12 29553
	1. DECEDENT'S NAME (First, Middle, Lest) ALBERT BENEDICT FITZPATRICK 2. DATE MONTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. light birthdey) if under 1 year if under 24 hrs. 7. DATE	OF DEATH DAY 9	3. TIME OF DEATH SHITTHPLACE (State or Foreign
TOR	579-22-8626 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A.44 - 4.A
AL DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. STREET AND NUMBER 101. ZIP CODE	10g. CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN 1 Never Merried 2 Werried 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO NO Specify:		USA RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) CONTRACTOR	. KIND OF BUSINESS/INDUS	TRY
BE	17. FATHER'S NAME (First, Middle, Last) MARTIN F. FITZPATRICK ELSIE ALB 190. INFORMANT'S NAME (Type/Frint) 190. MAILING ADDRESS (Street and Number or Flural Route Num	ERTA PILLSE	
10	SUSAN C. FITZPATRICK 5519 CINDY COURT, MT. AIR	Y, MD 21771	
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal from State 4 Denetion 6 Other (Specify) CEDAR HILL CEMETERY 10/		
	21. SIGNATURE OF UNITARIA PRIVICE UNITED STATES OF FACILITY FRANCIS J. COLLIN 500 UNIVERSITY BL	S FUNERAL HO	ME. INC.
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as car shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition		t, Approximata interval Between Onset and Death
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST LANCE (Disease or injury that initiated events resulting in death) LAST LANCE (Disease or injury that initiated events resulting in death) LAST	er Down	ACUTE ASE INDEF
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 6 Residence 6 Oth		
BY	2 Accident investigation 2 Accident investigation 28 PLACE OF IN HERY — All home form street feeders office.	SCRIBE HOW INJURY OCCUI	BOD
ETED	4 Homicide determined building, etc. (Specify)	or Town, State)	10
1	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the co	use(e) and manner as stated.	
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the lime, date		

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31. DATE FILEO (Month, Day, Year)
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32. REGISTRAR'S SIGNATURE
Julia Davidana Da

	1. OECEDENT'S NAME (First, Midd	fe, Last)	CE				2. DATE OF DEATH	H DAY	YEAR :	3. TIME OF DEATH
	Louise E.	Fielding					Sept	30	92	8:00
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea		6. BIRTHPI Country)	LACE (State or For
	213-42-9322	1 🗆 M 2 🖳 F	78	YRS.	MONTHS DAYS	HOURS MIN.	Sept 10			aford. I
	9a. FACILITY NAME (If not institution	in, give street and number)			9b. CITY, TOWN	OR LOCATION OF D			TY OF DEA	
8	11115 Dewey	Road			Kensin	gton		Mo	ntgor	m 0 2017
5	RESIDENCE OF DECEDE	COUNTY		Tan arm						
DIRECTOR					Y, TOWN OR LOCA					IOd. INSIDE CITY
1	10e. STREET AND NUMBER	Montgomery		Ke	ensingto			1		XX ES 2 .
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B	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES A		1 TYES	S 2 NO Specif	у:		Specify:	White
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COMPL	17. FATHER'S NAME (First, Middle,	Last)				18. MOTHER'S NA	ME (First, Middle, Ma		Agene	y
111	Marvin M Evan	ns				Kather	rine L Ho	ward		
TO B	19a. INFORMANT'S NAME (Type/Pr	int)	198	. MAILING	ADDRESS (Street	and Number or Rural			Code)	
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	20s. METHOO OF DISPOSITION		20b. PLACEA	AND DATE	OF OISPOSITION IN			LOCATION -		n, Sieta
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dit be filed within 72 hours after death with the State Dept, of Health and Memal Hyglene prior to burial, cremation, or removal,
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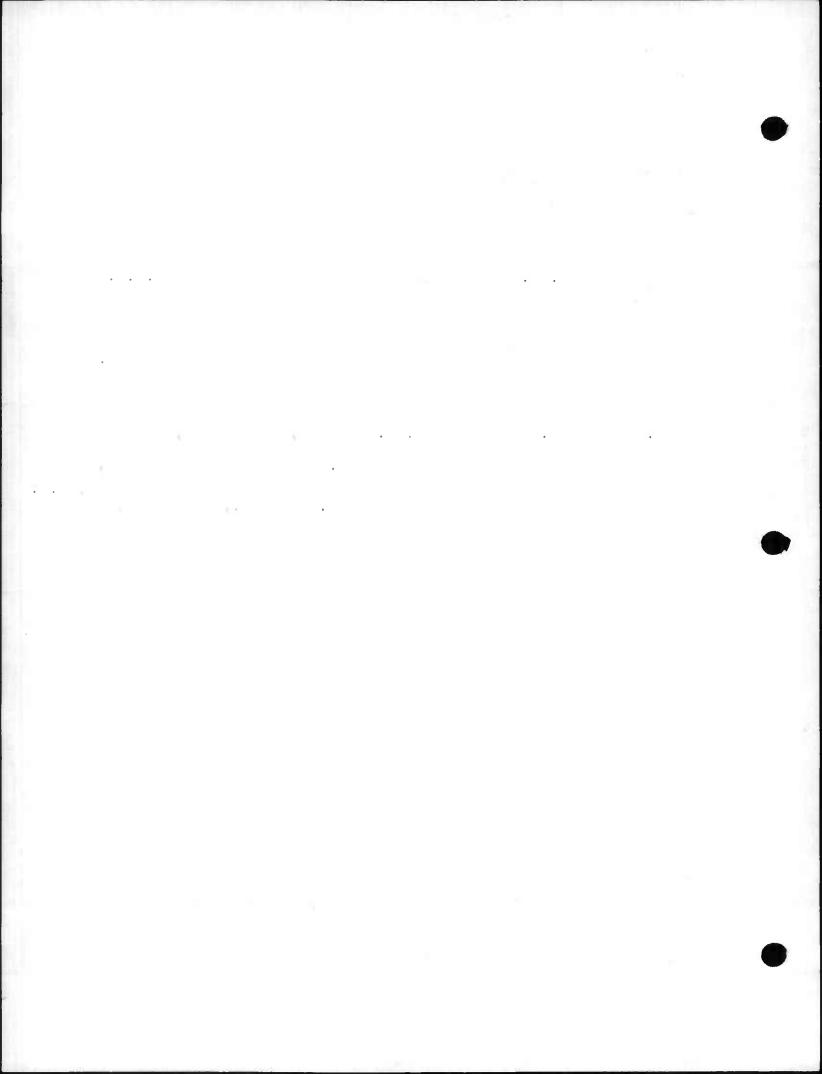
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH WILLIAM ARTHUR FILER OCTOBER 8, 1992 02:18 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 10/5/14 DAYS HOUSE 1 😿 M 2 🗌 F 213 18 2696 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR SACRED HEART HOSPITAL CUMBERLAND ALLEGANY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MIDLOTHIAN 1 YES 2 NO MARYLAND ALLEGANY 100. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 21543 BOX 365 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \downarrow YES 2 \mid NO IF YES, GIVE WE'S OR DATES 7 / 17 / 35 - 7 / 18 / 38 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie 1 TES 2 NO Specify: BY 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) LABOR GANG CELANESE CORP. once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ GEORGE FILER MINNIE BENNETT BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 MRS WILLIAM FILER BOX 365 MIDLOTHIAN MD21543 20c. LOCATION — City or Town, State 21532 20b. PLACE AND DATE OF DISPOSITION (Name of DATE FROSTBURG MEM. 10/11 FROSTBURG, MD PARK 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOWERS FUNERAL HOME, P.A. FROSTBURG MAIN ST. MD 21532 60 W. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition ntracramat DUE TO (OR AS A CONSEQUENCE OF): resulting in death) marked, or Item 23 shows any injury, or other traumatic event, MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? Cardionyopathy 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY --- At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) IMPORTANT: If Item 28 Is 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner es stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGRED (Month, Day, Ybar) BE

DR. SUNIL GUPTA, M.D., JOHNSON HEIGHTS MEDICAL BUILDING, CUMBERLAND, MD 21502

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

10/8/92

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d by The papel or attending physician.	is the summer for use as the burial-transit permit.		od at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be intained by the south or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mod 2 mod 2 mod 2 mod 3 mo	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at the a

BALTIMORE, MARYLAND 21215-0020

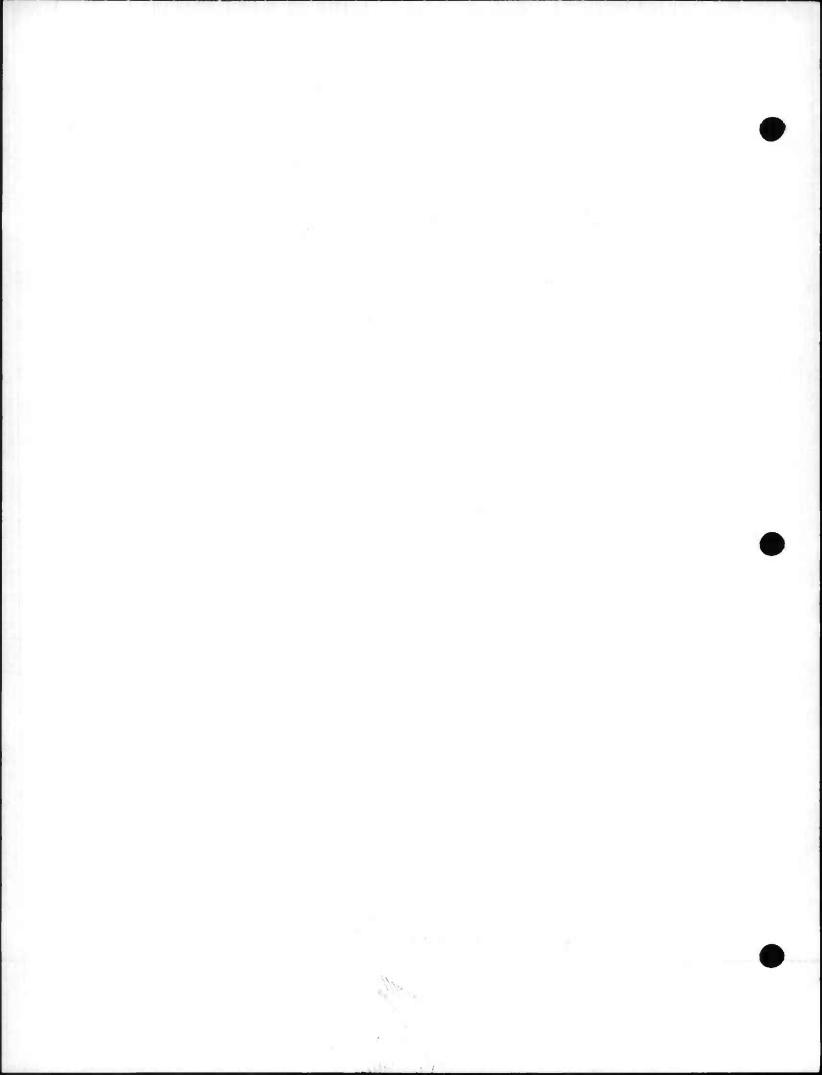
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest)	LILLIAN		SK					2. DATE OF DEA	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					OCTOBER 6. 1992			HPLACE (State or Foreign	
	217-36-8034	5. SEX 1 M 2 F	97	YRS.	MONTHS	DAYS	HOURS	MINI.	(Mornth, Day, N SEPT. 8	er)	Count	
	9a. FACILITY NAME (If not institution, give street and number)					Y, TOWN	OR LOCATI	ON OF DI	EATH	9c. 0	COUNTY OF	DEATH
DIRECTOR	FOX CHASE NURSING CENTER					VER	SPRI	NG		MC	ONTGOM	ERY
ñ.	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOC	ATION					10d, INSIDE CITY
						SDA						LIMITS? 1 YES 2 NO
AL	10e. STREET AND NUMBER			- 1	et. ZIP COD	E		10g.	CITIZEN OF	WHAT COUNTRY?		
FUNERAL	4400 EAST WEST HIGHWAY						208	14			USA	
BY FUI							in, Puerto Rican, el					
9	15. OECEDENT'S EDUC		16	a. DECEDENT'S	USUAL O	CCUPAT	TION		16b. KINO C	F BUSINESS		I.E.
COMPLET	(Specify only highest grade Elementary/Secondary (0-12) 1 2	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.) SEWI	137	nost of worki	ng				
M	17. FATHER'S NAME (First, Middle, Last)			1100	SEWI	PE	10 1407	LAPPON ALA	ME (First, Middle, N	-14 0		
	WILLIAM M. GARDIN	NER					11474 1000		C. HOWA		/	
BE	19a. INFORMANT'S NAME (Type/Print)	122		19b, MAILING	ADDRES	S (Street			Route Number, City		. Zio Codel	87068
2	HARLAN G. FISK	(SON)						OSQUE FA			0,000
	20s, METHOD OF DISPOSITION 1 (X Burlet 2 Cremetion 3 Remo		20b. PL	ACE AND DATE	OF OISPOS	SITION /	Name of	-	DATE 2			
- 1	4 Donation 5 Other (Specify)		AR	LINGTO	N NA	TIO	NAL		10/13 A	RLING	GTON,	VIRGINIA
	21. SIGNATURE OF FUNERUL SERVICE UP	S	4/		F	RAN		. CO	LLINS FU			
	21 PART LEnter the diseases of c	tree	M		5	00 1	UNIVE	RSIT	Y BLVD.,	W. SI	L.SPR	.,MD.20901
	shock, or heart failure. I	a.	on each	line.	4				ilen			Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, feeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (DR AS A CONSEQUENCE OF): c. DUE TO (DR AS A CONSEQUENCE DF):											
	PART II. Other significant condition	e contribution to	doub but	not regulting	In the su	n doelul	an dusa	elise le	Book I Tay W	AS AN AUTOP		
MEDICAL							ing cause	given in	Pf	ERFORMED?		b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26	PLACE OF D	EATH (Ch	eck only one)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHE	R:	12	Const	8 Other (Specif	ia:		
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE Of (Month, L	INJURY	28b. TIN		28c. If	JURY AT VORK?		28d. DESCRIBE I		OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE Duliding.	OF INJURY —, etc. (Specify)	At home, farm,	street, fac	tory, off	lce		28f. LOCATION (S City or Town,	Street and Nur State)	mber or Rural	Route Number,
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINED											s) and manner as stated.
띪	296. SIGNATURE AND TITLE OF CERTIFIER	Milo	an	M-1	0			O L I		29d.	OCT.	(Month, Day, Vear) 6, 1991
2	30. NAME AND ADDRESS OF PERSON WHO					57	Wr	57	It wy	es oth	1-8 0M	
	31. DATE FILED (Month, Day, Year) OCT 1 3 1992	SIL REGISTRA	ACON TO	FELSE.								



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MPORTANT: If Item 28

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31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Der

932 REGISTRAR'S SIGNATURE

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ospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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within	pletely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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92 29657 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME /First Middle, Last) 2. DATE OF DEATH 3. TIME OF OFATH VEAR Edna Rhinehart Furman October 10, 1992 6:15 AM 4 SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIFTHPLACE (State or Foreign IF UNDER 24 HRS. 1 🗌 M 2 😾 F YRS 071-14-6764 Feb. 16, 1915 New York 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH SC. COUNTY OF DEATH DIRECTOR Rockville Nursing Home Rockville Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY Maryland Montgomery Bethesda 1 - YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5717 Kingswood Court 20814 United States 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 X NO Specify: 14. RACE -- American Indian, Black. White, etc. 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES BY 3 Widowed 4 X Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 1 Self-employed Home Remodeling 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Clinton Rhinehart BE Bertha Stasch 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joy Furman Virden 5717 Kingswood Court, Bethesda, Maryland 20814 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 10/12/52 Montgomery Crematorium, Inc. Bethesda, Maryland Robert A. Pumphrey Funeral Home/
Rockville, Inc. 300 West Montgomery
Avenue, Rockville, Maryland 20850-2805 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00831 Darbora Joh Jawrence 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one ceuse on each line. Interval Betwe IMMEDIATE CAUSE (Finsi Onset and Death disease or condition Cardiovoscelor DISEARE resulting in death) DUE TO (OR AS A CONSEQUENCE OF MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury OUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? Disase alzheiners 1 TYES 2 X NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) 4 Deursi 1 | Inpetient 2 | ER/Outpetient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be determined 4 Homicide 1, CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Morith, Day, Year) BE 29c. LICENSE NUMBER 59 546 8

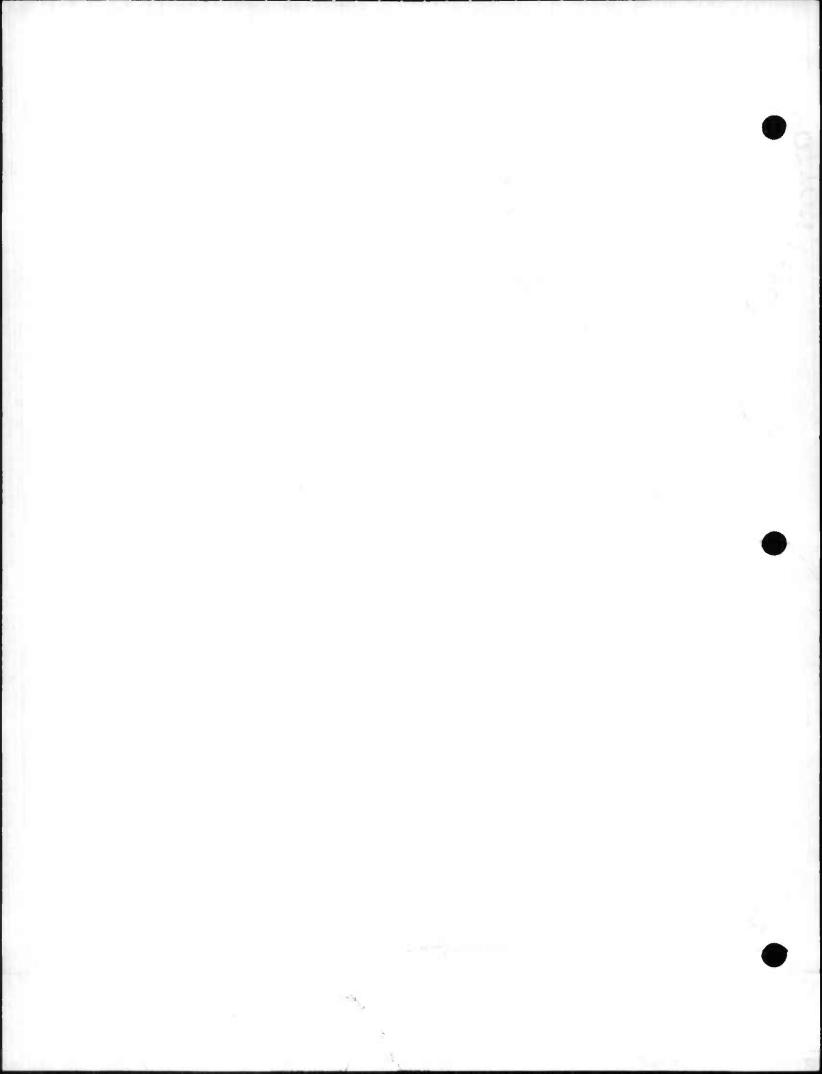
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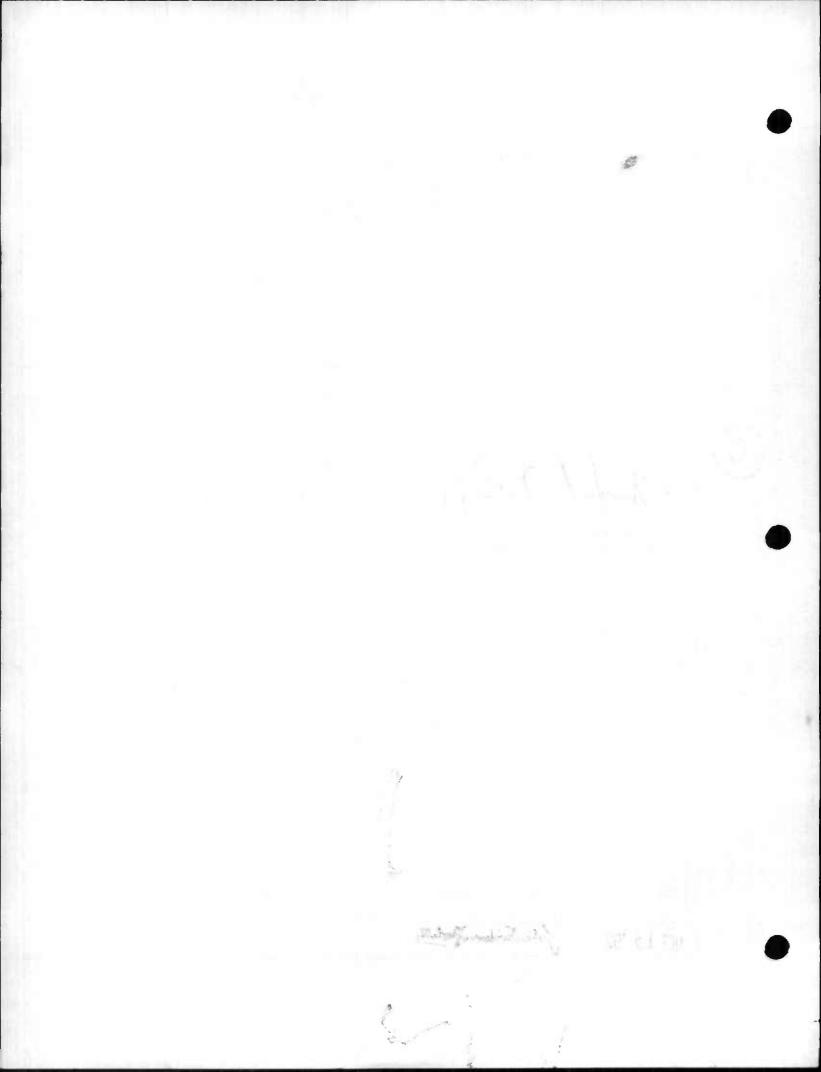
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours where death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comparison, the file thou be filed within 72 hours after death with the State Dept. of Health and Mental Hyderie prior to buris, cremation, or removal IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examples

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA			OF HEALTI		MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Finn					MONT	OF DEATH	v y	EAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1	VEAR IE IND	ER 24 HRS.	7 DATE	OF BIRTH	2		1400 M
	032-52-7546 Se. FACILITY NAME (If not institution, give str	1 DM 2 XF 82		MONTHS	DAYS HOURS	MIN.	6/2	9710	M	as	S
TOR	WASHINGTON ADVE		TAL		OMA P		EATH		9c. COUNTY MONT		
DIRECTOR	MD. 106. COUNTY MONT	GOMERY	10c. CIT	Y, TOWN OR	LOCATION	XXXX	Tak	oma P	ark		10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO
AL	10a. STREET AND NUMBER				10f. ZIP CO	OE			10g. CITIZEI		HAT COUNTRY?
tEH.	7520 CARROLL	AVE			2	0912	2		Ü	.S	.A.
BY FUNERAL	3 ₩ Widowed 4 Divorced IF YES, GIVE WAR OR DATES				AS DECENDENT yee, specify Cui	ben, Mexico	n, Puerto	Y? (Specify Yes Rican, etc.)	or No.— 14	RACE Black Specif	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 1.2	ATION completed) Coflege (1-4 or 5+)	ille. Do NOT u	work done du	ring most of won	king	188	. KIND OF BUS	INESS/INDUS	TRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest) JAMES	HANNON				THER'S NA		Middle, Maiden		HI	NE
TO B	19s. INFORMANT'S NAME (Type/Print) MEG FINN				Street end Numb		Route Num	ber, City or Town	n, Stata, Zip Co	de)	
)	20a, METHOD OF DISPOSITION 1 Ø Burlel 2 □ Cremetion 3 □ Remot 4 □ Donation 5 □ Other (Security)	val from State cemet	PLACE AND DATE	ther place)		v 10) / 1 3		est R		bury, Mass
	21. SIGNATURE OF FUNERAL SERVICE LICE	782L		22. NA	AME AND ADDR	ESS OF FA	T	AKOMA	FUNE	RA	L HOME, INC
	23. PART I. Enter the diseases, or co shock, or heart fallure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	BRUNCE	tosen	SIC					ratory arres		Approximate interval Between Onset and Daeth
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):											
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PHYSICIAN: MEDICAL	PART II. Other algnificant conditions	contributing to death but	not reauiting	In the unde	erlying cause	given in	Part i.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	DEATH (C)	ank anti-a			L	
SIC		HOSPITAL: 1 Inpetient 2 ER/Outpet	lant 3 D DOA	OTHER:							
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIN		ec. INJURY AT	Hasidence		CRIBE HOW IN	MURY OCCUR	ED	
YP	1 Natural 5 Pending	(Month, Day, Year)	IN.	M	WORK?	□ NO					
TED BY	3 Suicide 6 Could not be determined	Suicide 6 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							oute Number,		
COMPLETED		AN: To the best of my knowled: On the basis of examination of								nuse(a)	and menner ae stated.
BE	206. SIGNATURE AND TITLE DESCENTIFIER	4				CENSE NUM			29d. DATE SI	GNED	(Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	N (ITEM 27) (Type	Print) NFUI					SILVI	F-A	- 58KG 20904
	31. DATE FILED (Month, Day, Year) OCT 13 '92	22. RECISTRAR'S SWANT	TER.	1-0	1/1/10	(1)		140	71,50	-	3,1.4



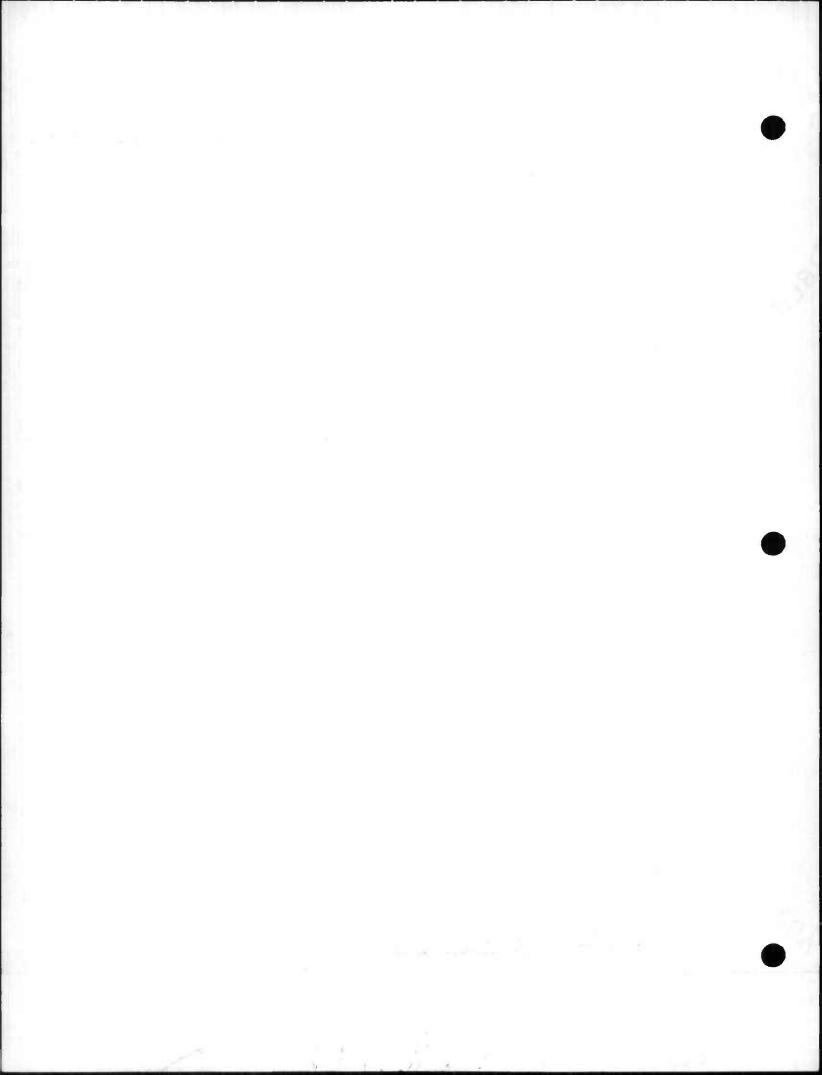
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may be retained by the hospital or attending physician. corr, page 5 should be detached for use as the burisi-mask permit. Pages 1, 2, 3 should **QRE, MARYLAND** 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and edge may be retained by the attending physician and completely filled in by the certificate has been signed by the attending physician and completely filled in by the certificate been signed by the attending physician and completely filled in by the certificate that is secured by the attending the physician and Mental Hygiene prior to burial, cremation, or remove the best to be the certificate at once. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILEO (Month, Day, Year)
OCT 09 '92

HEGISTRAN'S SIGNATURE

							92	29659			
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		TMENT OF H		MENTAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)	Lines WILFORD	WAYI	NE FINN	EY	2. DATE OF DEATH	W - 92				
	The second secon	SEX CAGE (In yrs. las	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		THPLACE (State or Foreign			
OR	9a. FACILITY NAME (If not institution, give street HOLY CROSS HOSP				SPRING	ATH	DEATH MERY				
DIRECTOR	PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND MONTG	OMEDY	-	r, TOWN DR LOCAT	TION RING		10d. INSIDE CITY LIMITS?				
	106.05 HAYES AVE		511		. ZIP CODE 2090	2	1 YES 2 NO				
BY FUNERAL		MED	If yes, sp	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	WHGIN7 (Specify Ves or No-levito Rican, etc.) 14. RACE — American Ind Black, White, etc. Specify: WHITE					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete the specific or	pleted) (G/ oflege (1-4 or 5+)	CEDENT'S We kind of w Do NOT us		ON st of working	N.I.H.	SINESS/INDUSTRY				
-	17. FATHER'S NAME (First, Middle, Last) ARTHUR FINNEY			71/1	18. MOTHER'S NA	ME (First, Middle, Malden	Surname) HAGAN				
TO BE	19a. INFORMANT'S NAME (Type/Print)	198			nd Number or Rural F	Route Number, City or Tow	n, State, Zip Code)				
	REGINA FINNEY 20a. METHOD OF DISPOSITION 1 X Burtal 2 Cremation 3 Removal	from State 20b. PLACE A cometery, cred	ND DATE C	OF DISPOSITION (Na			CATION City or	Town, State			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	AL HOME									
	28. PARD I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and De Cancar Due To (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF THE CONSECUT									
MEDICAL	PART II. Other eignificant conditions co	ontributing to death but not re	esulting i	n the underlying	g cause given in	Part I. 24a. WAS AN PERFOF	MED?	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
BY PHYS	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Neturel 5 Pending										
ETED E	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Floute Number, City or Town, State)										
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN DESCRIPTION OF CONTROL OF CHARLES OF CHARLE			e(e) and manner ee stated.							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED	Bon MO.	-		29c. LICENSE NUM	S MD_		ED (Month, Day, Year)			
	30. WAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FREDERICK G. BARR, M.D. 2101 MEDICAL PARK DRIVE #201, SILVER SPRING, MD 20902										



the manner has the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should written and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPING OR ATTENDING PAYSICIAN TO LOCATIONS has the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached to the Markal Hygiene prior to burial, cremation, or removal.

INFORTAND: If them 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

REGISTRAR		CERTIFIC	CATE OF DE	ATH	REG. NO).				
1. DECEDENT'S NAME (First, Middle, Las	_	0.0			ATE OF DEATH	MY	YEAR 3. TI	ME OF DEATH		
ELVIRA			GRAHAM			10 11 9				
4. SOCIAL SECURITY NUMBER	- >4	-	FUNDER I YEAR IF I		ATE OF BIRTH forith, Day, Year)		Country)	E (State or Foreign		
212-38-4960		9 YRS.	JATES WATE HOC	Min.	11 7	42	MD			
9a. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN OR LO	CATION OF DEATH		9c. COUNT	Y OF DEATH			
Carroll County General Hospital Westminster Carroll										
RESIDENCE OF DECEDENT 10a, STATE 10b, COUR	RESIDENCE OF DECEDENT									
		10c. CITY, 1	TOWN OR LOCATION				INSIDE CITY LIMITS?			
MD Ca	rroll			minster	r	1 TES 2				
			10f. ZIP		10g. CITIZEN C			COUNTRY?		
2 Charles Str				157	U.S.					
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 _ YE	IN U.S. ARMED	13. WAS DECENDE	NT OF NISPANIC OR	IGIN? (Specify Yearto Bican, etc.)	s or No- 1	4. RACE - Ar Black, White	merican Indian,		
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES 2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Snaphy			
15. DECEDENT'S ED	NICATION .	I a second	1					black		
(Specify only highest gra		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during most of a	rorking	16b. KIND OF BU	ISINESS/INDU	STRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)									
12		nurse				te ho	spita	11		
17. FATHER'S NAME (First, Middle, Last)				OTHER'S NAME (FI						
Elmer Garfiel	d Gibson		I	Ivira	Eliza	beth				
19e. INFORMANT'S NAME (Type/Print)	- 1		ODRESS (Street and Nu							
Cynthia E. Gr		298 E	. Green	Street,	Apt.	A, W	estmi	nster,		
20a METHOD OF DISPOSITION	movel from State	Ob. PLACE AND DATE OF C	DISPOSITION (Name of		ATE 20c. LO					
4 Donation 5 Other (Specify)	F	alrview			6 Ta	ylors	ville	, MD		
21. SIGNATURE OF FUNERAL SERVICE	JCENSEE		22. NAME AND AD					ninsters		
► Mad A	A		PRITTS	Eneral Wash	Home	1				
23. PART I. Enter the diseases, o	compliance that cour	-4.0-4.00	412	Wash	MOTON !	20	2115	Approximate		
ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) EMPYEMA										
		A CONSEQUENCE OF):								
On the state of th	CARCINOMA OF LUNG									
Sequentially list conditions, If any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):										
CAUSE (Disease or injury	C									
that initiated eventa	DUE TO (OR AS	A CONSEQUENCE OF):								
resulting in death) LAST	d									
PART ii. Other aignificant condition	one contribution to death	hut not requities to	the ample dules as a							
anginioani conditi	volumenting to death	out not resulting in 1	anderlying cau	e given in Part i	. 24a. WAS AN		AMAIL	AUTOPSY FINDINGS ABLE PRIOR TO		
					1 TYES	NO		LETION OF CAUSE EATH?		
							1 🗆	YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1.		F DEATN (Check onl	y one)					
1 TES 2 TO	1 Impatient 2 I ER/Ou		THER: Nursing Name 5	Residence 6 🗆 C	ther (Specify)					
27. MANNER OF GEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O		BC. INJURY AT 28d, DESCRIBE NOW INJURY OF				CURED		
1 Natural 5 Pending 2 Accident Investigation		, moon	M 1 YES	2 NO						
2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.										
									290. CERTIFIER 1 DERTIFYING PHY	SICIAN: To the best of my kno
	IER: On the basis of examinati									
		ender investigation, I	n my opinion, death o	course at the time, (and place, ar	a gue to the	cause(s) and n	nenner as stated.		
296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day.										
D2/155 10/1/92										
30. NAME AND ADDRESS OF PERSON W				43			1.0			
Duthing Dill	00 MD 90	4 WARTH	NG-701	ED W	ESTAN	1970	MI) -	- 11 m		
Par INOT L. RUS		1 4 . 4 1	1.00	1-5		03	1.0	2110/		
31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIG	NATURE	44 100	77 00		03.4t	2.20	2110/		

The contract description of the description of the contract of

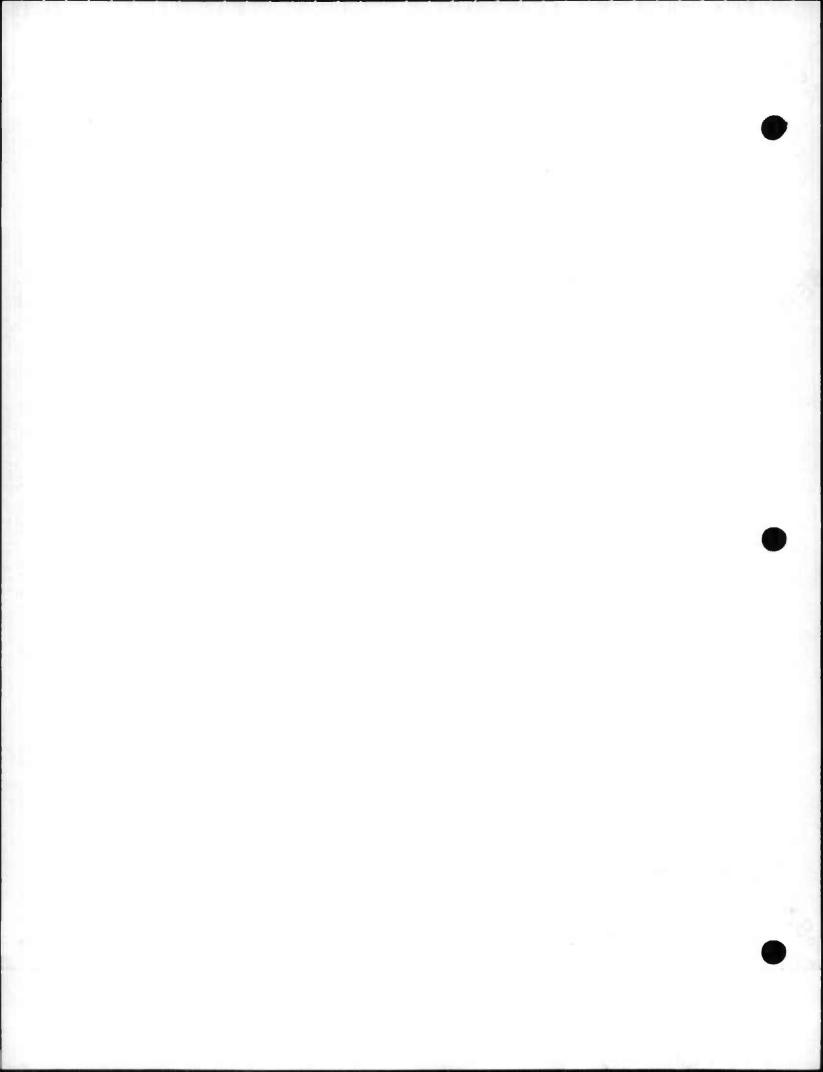
FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH	_			CERTIF	ICALE	U	F DEATH		REG. NO.			
3	1. DECEDENT'S NAME (First		-		~				2.	DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	Brandon Dustin				GIBSON				9722/92			5:05 pm. M	
	4. SOCIAL SECURITY NUMBER 5. SE			(11)			DAY!			DATE OF BIRTH (Month, Day, Year)		8. BIRTHE Country	PLACE (State or Foreign
- 3	infant		13€3KM 2 □ F		YRS.			5		9/22/92			MD
or .	Da. FACILITY NAME (If not in							N OR LOCATION OF	F DEATH		7.0	NTY OF DE	
0	Franklin Sq		lospital C	enter	r Bal			nore			Bal	timo:	re
DIRECTOR	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN O	R LO	CATION					10d, INSIDE CITY
듬	MD	Balt	imore		Ba1	timo	re						LIMITS?
A.	10e. STREET AND NUMBER						T	10f. ZIP CODE			10g. CITI		HAT COUNTRY?
ER	9000 Frank	lin Sq	uare Driv	e				21237			U.S	. A	
FUNERAL	11. MARITAL STATUS	Same and a	12. WAS DECEDENT							ORIGIN? (Specify Yes	or No-		- American Indian,
BYF	1XXNever Married 2 3 Widowed 4 Dive		FORCES? 1 [OR DATES	MO	If yes, specify Cuban, Mexican, 1 YES 2 NO Specify:						Spec/f)	, White, etc.
										Black			ick
ETED	(Specify on	EDENT'S EDU		16a	Give kind of	work done d	CUPA uring	TION most of working		166. KIND OF BUS	SINESS/INC	USTRY	
	Elementary/Secondary (0-12)	infant		infant					infant	-		
COMPL	17. FATHER'S NAME (First, N	liddle Leeth	Intane		Intant								
_	Joseph	Gord	lon					The second secon		First, Middle, Maiden Michele		on	
H	19a. INFORMANT'S NAME (195 MAILING	Anneses	/Stee			Number, City or Tow			
٤		,,,			IVE MADERO	ADDRESS	(Otros	K and Number of Nu	rai noun	Friumber, City or low	π, State, 240	(C000)	
	20a. METHOD OF DISPOSIT				CE AND DATE					DATE 20c. LO	CATION —	City or Tow	vn, State
	1 Burial 2 Crematic 4 Donation 5 Other	(Specify) re.	leased to	hosp.	ice manny or o	Frank	:li	n Square	2	10/19/92	Ва	ltimo	re
- 1	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22. N	AME	AND ADDRESS OF	FACILI	гү			
	▶												
RTIFICATION	disease or condition resulting in death) Anencephaly/Induction at 18 weeks DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):												
CER	resulting in death) EAS		d			-							
- 11	PART II. Other significant conditions contributing to deeth but not				ot resulting	in the und	derly	ing cause given	in Par				WERE AUTOPSY FINDINGS
4: MEDICAL	1 U YES 2 X NO OF 0								MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL						PLACE DF DEATH	(Check o	only one)			
2	1 TES 2XXNO		HOSPITAL:	R/Outpatien	R 3 🗆 DOA	OTHER		ome 5 🗆 Resident	ce 8 🗆	Other (Specify)			
ВУ РНУ		ANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) Noture 1 5 Pending N / A									INJURY OCCURED		
EIED	3 Suicide 8 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural City or Town, State)							or Rural Ro	oute Number,				
COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									and manner se stated.			
ш	296 MATURE AND TITLE	OF CERTIFIER	1					29c. LICENSE	NUMBER	4	29d. DAT	E SIGNED	(Monthy Day, Year)
2 MEDICAL EXAMINER: On the basis of examination end/or invest 29b. HOMATURE AND TITLE OF CERTIFIER 29b. HOMATURE AND DIFFES OF PERSON WAYD COMES EVEN CALLES OF PEATL (LIVER OF						142081							
-	30. NAME AND ADDRESS OF PERSON WHO OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	James Thompson, M.D. 9000 Franklin Square Drive Baltimore, MD 21237												
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE												
	OCT 2	6 1992	John Da	notem-1	Rondoll								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



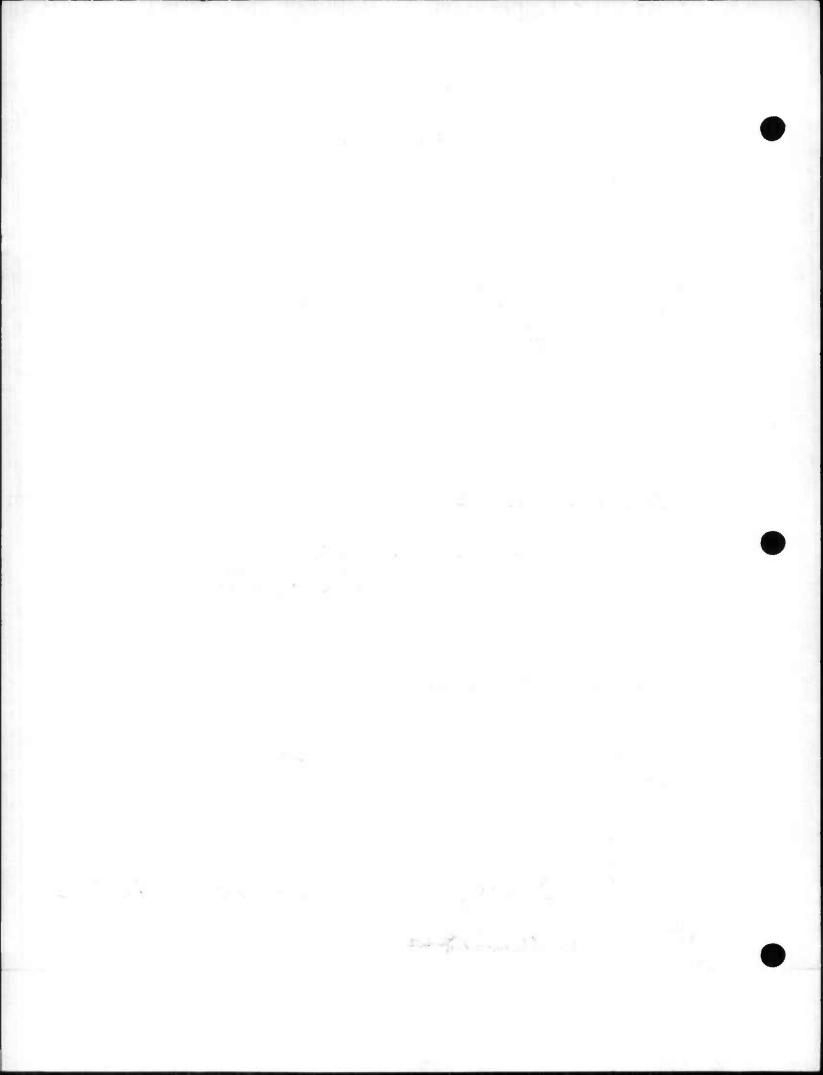
	DIVISION OF WHAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLANI
	TO THE HOSPITAL OR ATTENDING PHYSIAPM; The terminate that the detail settificate be executed within 24 hours after death. Page 6 may be retained by the hos
6	TO THE FUNERAL DIRECTOR: After this on statement to the strength of physician and completely filled in by the funeral director, page 5 should be detached
1	be filed within 72 hours after death with the Stare Digit, an Health and Mental Hydiens prior to burial, cremation, or removal.
	IMPORTANT: If Item 28 is marked, or man 29 shown any injury or other traumatic event, the medical examiner must be notified at once.

							90	29662		
	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF HE			100			
33	1. DECEDENT'S NAME (First, Middle, Lest)	HOMAS	GII	BE	RT	2. DATE OF D	- 1-95	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 335–16–4566	1⊠ M 2 □ F	67 YRS. MC	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF B (Month, Day July 2	1925 1925	a. BIRTHPLACE (State or Foreign Country) Minnesota		
TOR	94. FACILITY NAME (If not institution, give s St. Mary's Hospi RESIDENCE OF DECEDENT			Leonard		ATH		Mary's		
DIRECTOR		Mary's		TOWN OR LOCATION	PN .		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	Route 1 Box 1143				20636		10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
В	1 Never Married 2 Married 3 Wildowed 4 Diverced	12. WAS DECEDENT EVEN FORCES? 1 ☑ YE IF YES, GIVE WAR OR World War	S 2 NO	If yes, spec	IDENT OF HISPAN Ify Cuben, Mexican NO Specify	n, Puerto Rican	ecify Yes or No— , atc.)	14. RACE — American Indian, Black, White, etc. Specify: White		
LETED	16, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		k done during most etired.)	of working		OF BUSINESS/INC				
BE COMPLET	12th Grade 17. FATHER'S NAME (First, Middle, Last) Clarence Andre	5 years ew Gilber	l Pil		Esther	ME (First, Middle	ed State Melden Surneme) Llian	Lins		
TO B	19a. INFORMANT'S NAME (Type/Print) Helen Corliss Gilbert 19b. MAILING ADDRESS (Street and Number or Flural Poute Number, City or Town, State, Zip Code) Rt. 1 Box 1143 Nalley Rd. Hollywood, Md. 2									
	26a. METHOD OF DISPOSITION 1	ob. PLACE AND DATE OF the metery, crematory or other Lee Crematory	place) OLY		DATE	Clinton, Maryland				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Muchael & Gardiner P.O. Box 270 Leonardtown										
	23. PART . Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such the cardiec or respiratory arrest, shock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF)									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CI	PART II. Other significant condition	ceuse given in (WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1									
ВУ РНУ	7. MANNER OF DEATN 1 Netural 6 Pending Investigation 20. DATE OF INJURY M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED						CURED			
	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)									
COMPLETED	29s. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (One) 2 MEDICAL EXAMINER: On the peals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE	290. DIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. DATE SIGNED (Month of Signed Control									
	1	James Bogam. P. Leonardtown								
i	00109	J4 Julia	Davidson-Rand	(COLOR)						

Thattillu

ed by the hospital or attending physician.	the state of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ed at once.
in a majores that the teath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	mpletely filled in by the funeral director, page 5 sh	The first 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
an mounts that the death certificate be executed	name agoed by the attending physician and con	id. Or term 23 shows any injury, or other traumstic event, the medical a
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR. And the first designed to	8 is marked,

_	1 - STATE REGISTRAR	31	AIE UF IV	IARYLAND C	ERTIF					MEN IA	REG. NO		6.	2000
ij.	1. DECEDENT'S NAME (First, Midd Kenne)	46	Canan	Gui	nme	150	2			2. DATE MONT			YEAR 2	3. TIME OF DEATH
ű.	4. SOCIAL SECURITY NUMBER 190-07-309		X¥X2 □ F	8. AGE (In yrs. In 72	st birthday) YRS.	IF UNDER	DAYS	HOURS .	(Month, Dey, Year) Country) 06-09-20 North					th Dakota
	Anne Arunde	1 Med:	,	Center	96. CITY, TOWN OR LOCATION OF DEATH Annapolis						Anne Arunde			
		county Anne	A was a	- 1	10c. CIT	Y, TOWN C								10d. INSIDE CITY
	10e. STREET AND NUMBER	Anne 1	ALUIIO	=	Annapolis 101. ZIP CODE							10g. CITIZ		YES 2 NO
	17 Dean		_	EVER IN U.S. AF	21401					P) 00 14. W.	USA Hy Yes or No.— 14. RACE — American India			
	1 Never Merried 2 Therris	ed F	ORCES? 1	TYES 2	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Spenic Programme) 14. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 19. WAS DECENDENT OR H						1 or No	Black, Specify	White, etc.	
1 1 1 1 1 1 1 1 1 1	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)					USUAL OF 1	during mo	t of working	,	166	KIND OF BU	siness/indu		
	17. FATHER'S NAME (First, Middle, Charles Ke		Gumm					18. MOTH			Middle, Maiden Scott			
1	Phyllis G		son		h MAILING 7 De						ber, City or Tow			1
	20a. METHOD OF DISPOSITION 1 Surla: 2 Typemation 3 4 Donation 3 Other (Spec	lfy)	-0	20b. PLACE cometery, cri	ematory or o	1 n (TPPN NAME AN	D ADDRES	S OF FAC	LITY	0-92 Tay1	lor F	two une	n, State od, MD ral Home s, MD 21
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and Do not enter the mode of dying, arrest, interval Betw Onset and Do not enter the mode of dying, a									Onset and Deat					
	PART II. Other significant co	d	tributing to	death but not a	resulting	in the un	derlying	cause g	iven in f	Part I.	24s. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1	25. WAS CASE REFERRED TO MEE EXAMINER? 1 YES 2 YOUR	HO	SPITAL:	ER/Outpatient 3		OTHER	t:	ACE OF DE						
	27. MANNER OF DEATH 1 Maturel 5 Pendl		28a. DATE OF (Month, Da	INJURY	28b. TIM		28c. INJI WO	RK?			CRIBE HOW I	NJURY OCCU	PRED	
		not be	28e. PLACE OF building, a	FINJURY — At he	ome, ferm, s	street, fact		ES 2 🗌	NO	26f. LOC City	ATION (Street or Town, State)	and Number o	r Aural Ao	ule Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the deals of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									and manner as stated.					
	296. SIGNATURE AND TITLE OF C	errouely	our	w				29c. LICEI			>			Morff, Day, Year)
		owe 6		e of DEATH (ITE dgley			31 7	nna	poli	is,	MD 2:	1401		
	OCT 0 9 19	92 4	2. REGISTRAF	S SIGNATURE	M.									

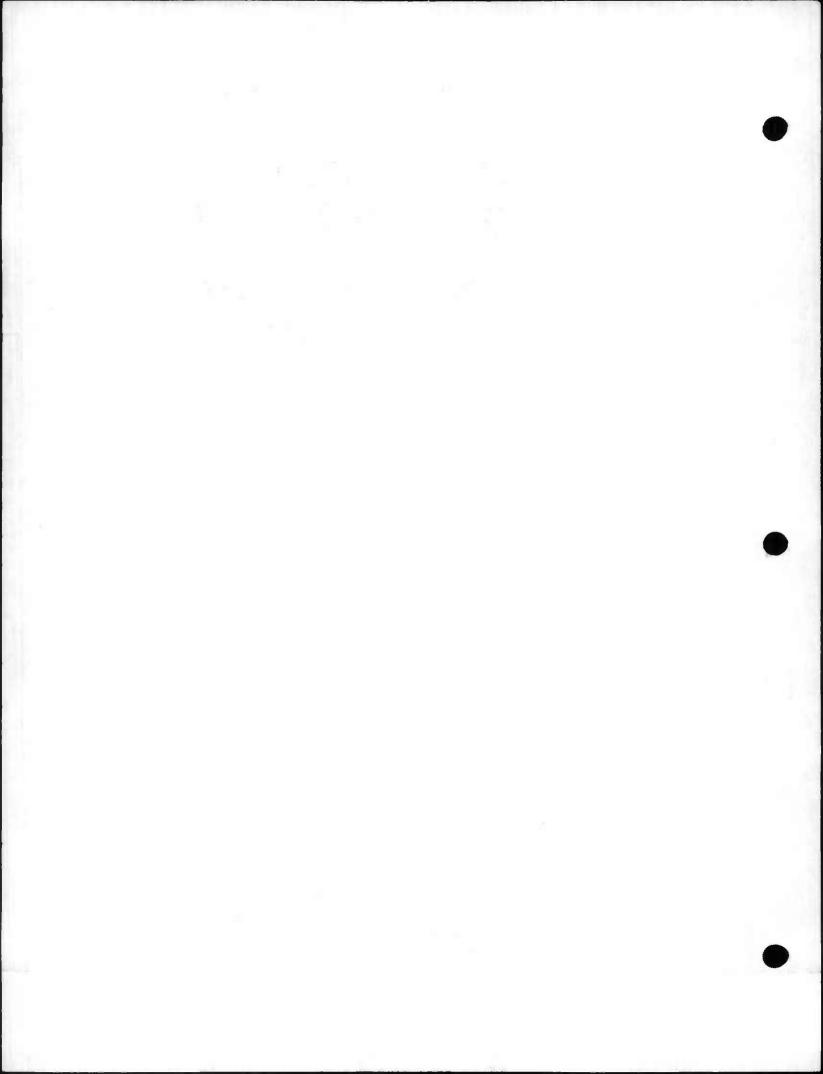


1			S		TE	TR	A
	1.	DI	EC	ED	EN	T'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				IVAL	E OF	DEA			REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH	_	- 1	TIME OF DEATH	
	D 1 01 1 0								MONTH	DA		EAR		
1	Baby Girl Go	eins							Feb	6. 19	992		5:20 A M	
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	est birthday)	IF UNDE	R 1 YEAR	IF LINDE	R 24 HRS.	7. DATE OF			BIRTHRI A	NCE (State or Foreign	
					MONTHS	DAYS	HOURS	MIN.	(Month, E	Day, Year)	"	Country)	WE (diale of roreign	
1 3		1 M 2 F		YRS.				1			Mar	rvland		
	Se. FACILITY NAME (If not institution, give				at arr	V 700001 0	2010017			6, 19				
	Sec 1700 CT 1 Visite (if not institution, grie	street and number)		9b. CITY, TOWN OR LOCATION OF						2-1-	OF DEAT	Н		
DIRECTOR	Washington Cou	nty Hoeni	t all	Hagerstown							Mod	hina	ton	
12	RESIDENCE OF DECEDENT	ity nospi	Lui	nagerstown							Washington			
O				_										
1 # 1	10a. STATE 10b. COUNT	TY .		10c. CIT	Y, TOWN	OR LOCAT	TION			10d, INSIDE CIT				
	Trans	la d' an a de a a		II									LIMITS?	
		hington			Hagerstown							1.0	YES 2 NO	
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-	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES 21 1 YES \$\times NO Specify:							,,	Specify:			
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l m	15. DECEDENT'S EDI (Specify only highest grad		16a. D	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							SINESS/INDUS	TRY		
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)					10 MOT	MED'S NA	ME (First, Mid	elle Adeletes	Company				
Ö						101			The same of the same					
BE	Daryl Gib					l Ca	arme]	lla De	nise	Goein	S			
	19e. INFORMANT'S NAME (Type/Print)										_			
2	tas. INFORMANT S NAME (Typer Int)	'	9b. MAILING	ADDRES	S (Street a	ind Numbe	r or Rural I	Route Number,	City or Town	n, State, Zip Co	ocle)			
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	20a. METHOD OF DISPOSITION		20b. PLACE	EANDDATE	OF DISPOS	SITION (Na	ame of		DATE	20c. LO	CATION - City	y or Town,	State	
1	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetery, ci	remetory or o	ther place)					1,				
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	FT T T T T T T T T T T T T T T T T T T													
1 1	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Prematurity-Severe													
	disease or condition	Prema	turity-	Sever	*e									
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7	disease or condition	DUE TO	(OR AS A CONSI											
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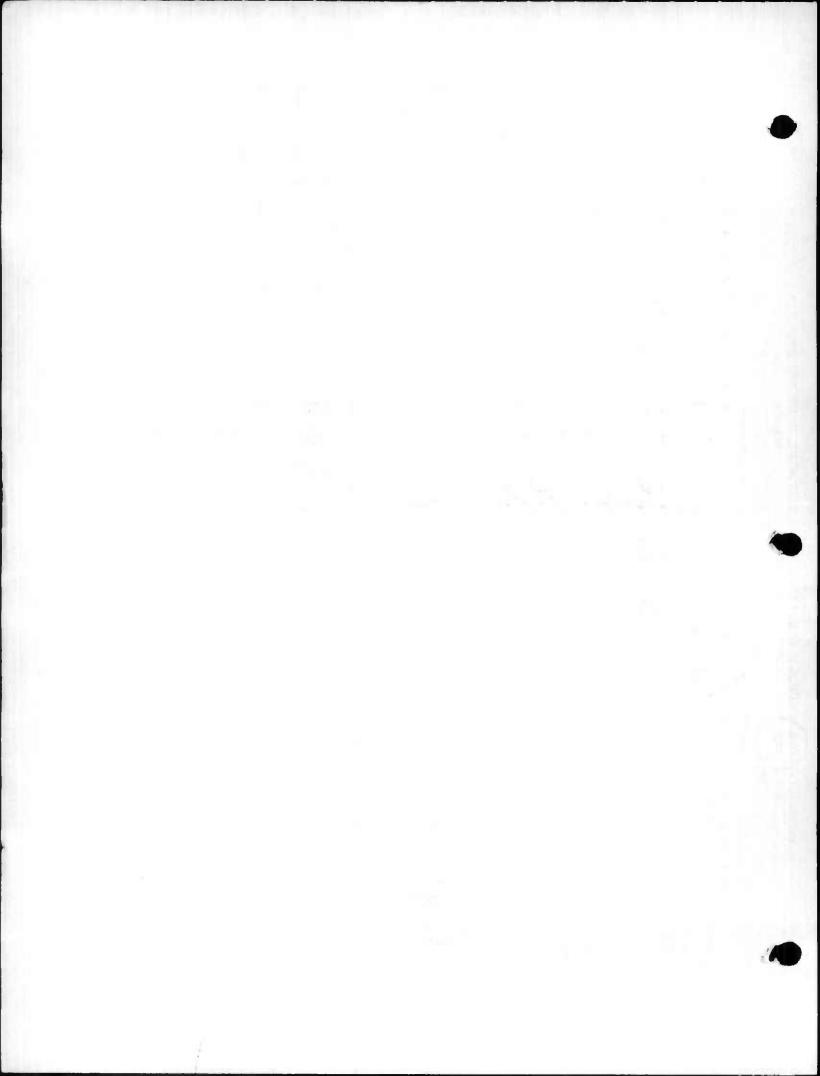
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The movement of the control of the contro DIVISION OF VITAL RECORDS P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
L OR ATTENDING PHYSICIAN: The last market mentilinate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.



FOR STATE REGISTRAR

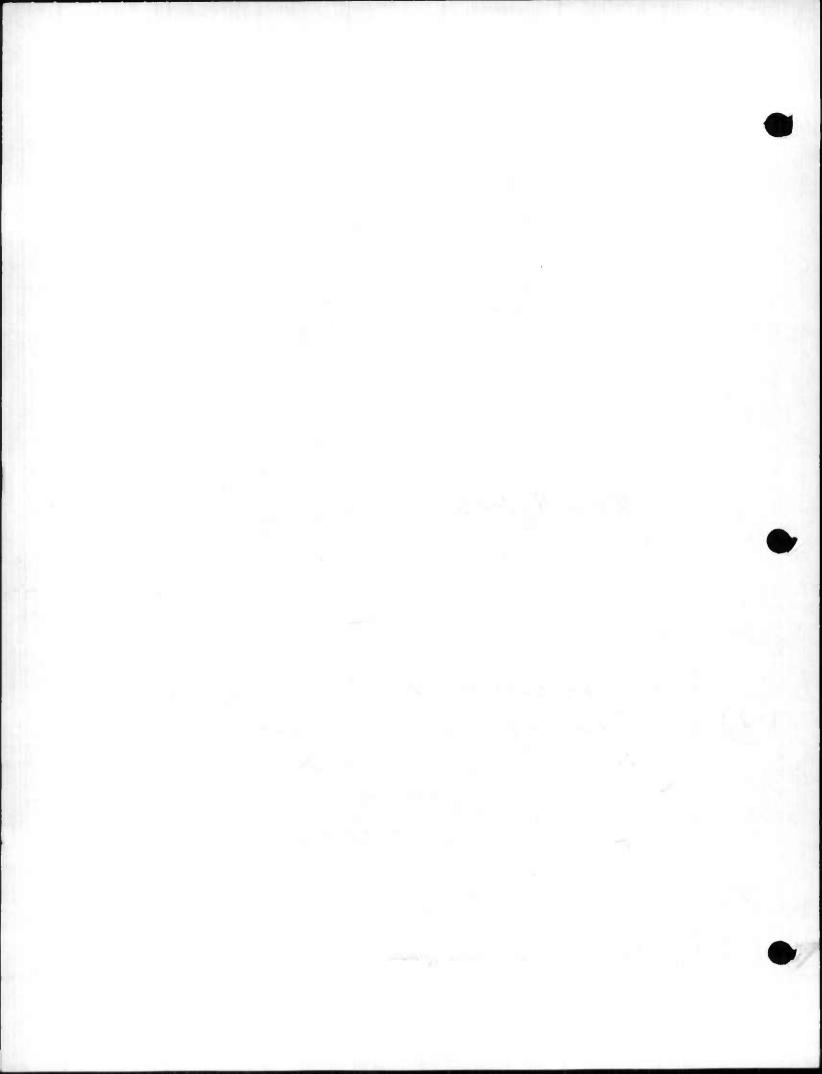
	1. DECEDENT'S NAME (First, Middle, Last)			GAN	NON				2. OATE OF DEA	TH DAY	YEAR	3. TIME OF DEATH			
	LORETTA	1 -3	Sannon						SEIT	2.2	1192	3:10 F M			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	DAYS	HOURS	24 HRS.	7. DATE OF BIRT	H Many	a. BIRT Coun	NPLACE (State or Foreign try)			
	092-03-9889	1 M 2 F	79	YRS.	months	CALL S	HOUNG	wiiv.	03-03-	15	Neu	York			
	9a. FACILITY NAME (If not institution, give						OR LOCATI	ON OF DE	EATH	9c. C	OUNTY OF	DEATH			
FUNERAL DIRECTOR	Homewood Retire	ment Cent	er		Fre	der	ick			Fn	ederi	ick			
EC.	10e. STATE 10b. COUN			10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?			
ä	Maruland Fr	ederick		Fn	eder	ick						1X YES 2 NO			
AL	10e. STREET AND NUMBER						f. ZIP COD	E		10g. (CITIZEN OF	WHAT COUNTRY?			
EB	31 W. Patrick:	Street					2170	1		USA					
5	11. MARITAL STATUS	12. WAS DECEDED	TEVER IN U.S. AR	MED	13.	WAS DEC	CENDENT (F NISPAN	NIC ORIGIN? (Spec	17 (Specify Yea or No— 14. RACE — American Indian, Black, White, etc.)					
ВУ	1 Never Married 2 Married 3 Widowed 4 Olvorced		MAR OR DATES		If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:							om white			
	15. DECEDENT'S ED	UCATION	16a. DE	CEDENT'S	DENT'S USUAL OCCUPATION 16b, KIND OF BU						INDUSTRY				
ET	(Specify only highest grad Elementery/Secondary (0-12)	le completed) College (1-4 or 5	A) Iffo.	Do NOT u	se retired.)		ost of worki	ng	1000000						
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use neithered.) ASST BOOK Editor 16b. KIND OF BUSINESS/INDUSTRY (Blue. Do NOT use neithered.) New York Herold Tribut 17. FATHER'S NAME (First, Middle, Last)									l Tribune						
17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surreme)															
BE (John Tucker						Ma	ry M	ccarthy						
198. INF OHMAN 1 8 NAME (type/Print) 198. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code)															
-	Margaret Gorel	ick													
	20e. METNOD OF DISPOSITION 1 Weight 2 Cremetion 3 Res	moval from Stata	20b. PLACE other pla	ece)							ON — City or Town, State				
	21. SIGNATURE OF JUNERAL SERVICE LICENSEE Cheltenham V.A. Cemetery Cheltenham, MD 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Homes, PA														
	Handa	22	enime	~	SP	tau	Box	Fune 1819	ral Hom , Frede	es, PA rick,	MD 21	702			
	P.O. Box 1819, Frederick, MD 21702 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, about or heart fallium. List only one cause on each line.														
	ahock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Death														
	disease or condition resulting in death)	· SOUR	Mous C	ELL	Ci	3 KC	NOME	of	THE LU	NG					
	,	DUE TO	OR AS A CONSE	OUENCE O	F):										
NO	Sequentially list conditions,	b	OR AS A CONSE	DIENOE O											
ATI	If any, leading to immediate cause. Enter UNDERLYING	002 10	(OH AS A CONSE	ZOENCE O	r).										
임	CAUSE (Disease or Injury that Initiated events	c. DUE TO	OR AS A CONSE	OUENCE O	F):										
CERTIFICATION	resulting in death) LAST	d													
	PART ii, Other aignificant condition	ne contribution to	death but not a		In the co	- 4 1 - 1 -		alma ta	Book I Day 10	AS AN AUTOP	av I a				
EDICAL	Care nic							given in	Part I. 24a. W	ERFORMED?	SY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ă	Calcasie	OBTICOG	INE OL	17001	1/->	0188	ASE		1 D	ES 2 KNO		OF DEATH?			
W												1 TYES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	,				00.0	1 105 05 6	EATH OL							
PHYSICIAN	EXAMINER?	HOSPITAL:			OTHE	R:			eck only one)						
148	27. MANNER OF GEATH	28e. DATE O	ER/Outpatient 3	28b. TIA			me 5 □ R JURY AT	aaldenca	6 Other (Special 28d. DESCRIBE		OCCUBED				
	1 Natural 5 Pending	(Month,	Day, Year)		JURY	W	ORK? YES 2	NO							
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY — At he	me, farm,	atreat, fec				28f. LOCATION (nber or Aurai	Route Number,			
4 Nomicide determined															
J.E	29a. CERTIFIER (Check only	SICIAN: To the best of	f my knowledge, de	ath occur	red at the	time, dat	a and place	, and due	to the cause(a) a	nd manner as	stated.				
COMPLET	(oneon only											(a) and manner as stated.			
EC	29h SIGNATURE AND TITLE OF CERTIFIED								D (Month, Day, Year)						
0	Gen. 1.	fmitt	4 1	YP			DI	05	87	•	9/	22/92			
5	30. NAME AND ADDRESS OF PERSON W	HÓ COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Type	n, Print)						,				
	31. DATE SILE (MA) 1992 Sura nu wor - Kanales														

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certification may be attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit narmit pages 1.2.3 ebould	or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The requires the transfer of the control	TO THE FUNERAL DIRECTOR: After this certificant has peen some by the attending physician and completely fille	be fied within 72 hours after death with the Sum or Tree mental Mygiene prior to burial. cremation,	IMPORTANT: If Item 28 is marked, or item 3 show any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEP	ARTMENT OF	HEALTH AND	MENTAL HYGIEI							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH					
		Steven A	Alan GOODI	MAN		September	23.1992	12:16 P.					
ł	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs, last birthde			7. DATE OF BIRTH	8. 8/87	THPLACE (State or Foreign					
	167-36-9499	1 🔀 M 2 🗆 F	44 YRS	MONTHS DAY	B HOURS MIN.	Oct. 23,1	947 Pen	nsylvania					
_	9e. FACILITY NAME (If not institution, give :			9b. CITY, TOV	N DR LOCATION DE								
DIRECTOR	RESIDENCE OF DECEDENT	sland View	Circle	Ger	mantown		Montgon	nery					
E.	10e. STATE 10b. COUNT	Υ	10c. 0	CITY, TOWN DR LO	CATION		10d. INSIDE CITY						
		ntgomery		German	town		LIMITS?						
FUNERAL	10e. STREET AND NUMBER	00 = 1 1 =			101. ZIP CODE	WHAT COUNTRY?							
Ü		28 Island V		re	20874	ł	U.S	S.A.					
5	11. MARITAL STATUS	12. WAS DECEDENT EV FDRCES7 1	YER IN U.S. ARMED	13. WAS 1	ECENDENT OF HISPA	ANIC DRIGIN? (Specify Ye	HI OF NO- 14. RAI	CE — American Indian,					
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR			ES 2 XNO Spec	en, Puerto Ricen, etc.)	1	ck, White, etc.					
60								White					
ETE	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. OECEDEN	I'S USUAL OCCUP. of work done during I use retired.)	TION most of working	166. KIND OF BU	JSINESS/INDUSTRY						
1 2	Elementary/Secondery (0-12)	College (1-4 or 5+)											
COMPL		2	<u>pecialist</u>		al Govern	ment							
	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S N	AME (First, Middle, Meider	n Surname)								
BE		Louis Good		Eva Sainker									
2	19e. INFORMANT'S NAME (Type/Print)			Route Number, City or Tox									
_	Mr. Michael W. Th	nomas	12128	3 Island	View Cir	ccle, Germa	antown, M	ld.20874					
	20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Rem	ioval from State	20b. PLACE AND DAT	EDF DISPOSITION	(Name of	OATE 20c. LO	OCATION — City or 1	lown, State					
	4 Donation 5 Other (Specify)		Mount 01	ivet Cer	netery,9-	27-92 Fre	derick,	Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			ANO ADDRESS OF F	ACILITY							
	Allan	2/ R.D.	W M00703	Keer	ey & Basi	ford P.A. I	uneral F	Iome					
	23. PART I. Enter the diseases, or	complications that	and the death D	1106	East Chur	ch St., Fi	rederick.						
	23. PART I. Enter the diseases, or complications that pased the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between												
	iMMEDIATE CAUSE (Final disease or condition	C	1		0		Occas and Da						
	resulting in death)	. Stapi	ylococ	cus	neun	ONIA		3 reals					
		DUE TOP(OR	AS A CONSEQUENCE	OF):	0		C 0.	3 mont					
ON	Sequentially list conditions,	b. 14-CG	airex	IMM	wodet	TICIENOY	JY NOCK	one Lyeph					
ATI	if any, leading to immediate cause. Enter UNDERLYING	Due Toffon	AS A CONSEQUENCE	OF):		(
CERTIFICATION	CAUSE (Disease or injury	C. OUE TO COR	AS A CONSEQUENCE	00:									
E	that initiated events resulting in death) LAST	502.10 (011	AG A CONSEGUENCE	OF J.									
B		d											
AL	PART ii. Other aignificant condition	a contributing to dea	th but not resulting	g in the underly	ing cause given jr	Part i. 24s. WAS AM	AUTOPSY 24	b. WERE AUTOPSY FINDINGS					
	HUMAN / MMU	no de Gici	ency VII	RUS EX	xephalo	PATTY PERFO	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
SICIAN: MEDIC	PULLY ONARY	Lub	e o cul	MAM	0	YES	2 300	OF DEATH?					
2	Walnuta	id ina	1 11/100	11/2 CV	NDROHE	7		1 TES 2 ND					
A	25. WAS CASE REFERRED TO MEDICAL	1710n	L WAS 7		PLACE OF DEATH (C)								
5	EXAMINER? 1 YES 2 XNO	HOSPITAL:		OTHER:	100								
PHYS	27. MANNER OF DEATH	1 Inpatient 2 ER/			ome 5 Residence								
	1 Natural 5 Pending	(Month, Day, Ye		NJURY	VORK?	28d. DESCRIBE HDW	INJURY OCCURED						
BY	2 Accident Investigation				YES 2 ND								
ED	3 Suicide 5 Could not be 4 Homicide determined	building, etc.	URY — At home, ferm (Specify)	i, street, factory, or	fice	261. LOCATION (Street City or Town, State,	and Number or Rural	Route Number,					
E													
COMPLET	Check only 1 CERTIFYING PHYSI	CIAN: To the best of my i	nowledge, death occu	rred at the lime, d	ite and place, and du	to the ceuse(s) and ma	nner ee stated.						
ON	one) 2 MEDICAL EXAMINE	It: On the beats of exelling	lation and/or Investigas	tion, in my opinion	death occured at the	time, date and place, ar	nd due to the cause)	a) and manner as stated.					
	29L SIGNATURE AND TITLE OF CENTIFIC	MALL		- A. C. C. C. C. C. C. C. C. C. C. C. C. C.	29c. LICENSE NU								
BE	100	10/1/20	11 11-	2	1 3 1-1	1011	G 2 P	(Morth, Day, Year)					
임	30. NAME AND ADOSESS OF SERIOU WHO COMPLETED CAUSE OF DEATH (TEM 27) (Tops, Trips)												
					D	0	D. 1 . 7	1 141 0005					
	Dr. Michael Saura	1, M.D., 9/	10 Medica	ar Cente	r Drive,	Suite 201,	Rockvil	le, Md.20850					
	OCT 2 199	0 /		0									
	<u> </u>	- Juna way	uson-Randel	XL.									



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BALTIMORE, MARYLAND 212	that within 24 house often death Date & man he comined he she handled
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	FOR 1 STATE	STATE OF N	MARYLAND /	DEPAR	RTMENT (OF H	EALTH AND	MENTAL	HYGIEN		2	29667	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, La	est)	С	ERTIF	ICATE	OF	DEATH	2. DATE O	REG. NO		YEAR	3. TIME OF DEATH	-
	4. SOCIAL SECURITY NUMBER	0 / 1 V &		- /	50 N			10	7	9	12	10 30 A	A
	577-04-9108	1 (XM 2 F	6. AGE (In yrs. Is	YRS.	MONTHS E	DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year)		Count		
1 1	9a. FACILITY NAME (If not institution, gi		20	7,100	9b, CITY, TO	OWN O	R LOCATION OF D	Dec	17,	1965		hington, D.C.	_
DIRECTOR	Holy Cross Hos						Spring				nery		
EC	10a. STATE 10b. COU			10c. CIT	TY, TOWN OR	LOCATI	ON					10d. INSIDE CITY	=
	Maryland Mo	ntgomery		Sil	lver S	pri	na					LIMITS?	
FUNERAL	10s. STREET AND NUMBER					.,	ZIP CODE			10g. CITIZ	EN OF	WHAT COUNTRY?	-
EB.	1220 East-West	Highway #	1118				20910			Unit	ted	States	
BY FUR	11. MARITAL STATUS 1 \(\times \) Never Married 2 \(\times \) Married 3 \(\times \) Widowed 4 \(\times \) Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X		H y	es, spe		PANIC ORIGIN? (Specify Yes or No— 14. R/ lcan, Puerto Rican, etc.)				E — American Indian, k, White, etc.	
ED	15. DECEDENT'S E		16a, Di	CEDENT'S	USUAL OCC	UPATIO	N	16h. I	(IND OF BU	SINESS/INDI	PRTRY	Black	_
COMPLETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL, OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.)										- OIAI		
를		2		tail	Manag	er		9	Sales				
000	17. FATHER'S NAME (First, Middle, Last)	-					18. MOTHER'S NA	ME (First, Mi	ddle, Meiden	Sumame)			
פע		ee	Gibson				Ruby		[Davis			
2	190. INFORMANT'S NAME (Type/Print) Ruby Gibson	(Mother)	19		as #		d Number or Rural	Route Numbe	r, City or Tow	n, State, Zip	Code)		
ij	20a, METHOD OF DISPOSITION		20b.PLACE		OF DISPOSITH		ne of	DATE	20c. LO	CATION — C	alty or To	own. State	_
	1 Donation 5 Other (Specify)	emoval from State	cemetery, cre Subt	urbar	other place) Cremi	ato	rv	10-8			-	ing, MD	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1		22. NA	ME AN	ADDRESS OF FA	CILITY			OPI.	ing, mb	-
	1	- R P1.	1	40082			Funeral						
	23. PART I Enter the diseases,	or complications that				e mod	ist Ave,	511V	er Sp	oring.	, ML	20910 Approximate	_
	shock, or heart fallul	re. List only one cau	se on each line	3.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1		Interval Between	
	disease or condition resulting in death)	_	Car	rdu:	o Pul) m	onayı	P	TVKG	257		Onset and Dead	'
1	resulting in death)	OUE TO	(OR AS A CONSE	QUENCE O	F):		erect -	1	, , ,				-
:	Sequentially list conditions.	b	AJ	D	5 .		\cup						
	If any, leading to immediate	OUE TO	(OR AS A CONSE	OUENCE O	F):								_
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c											
ERTIFICATION	that initiated events resulting in death) LAST	00E 10	(OR AS A CONSE	OUENCE O	F):							i	
		d											
- 1	PART II. Other significant condit	ions contributing to	deeth but not	resulting	in the unde	rlying	cause given in	Part I.	14a. WAS AN		24b	WERE AUTOPSY FINDINGS	_
MEDICAL									1 TES 2			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
										*		1 YES 2 NO	
SICIAN:								_					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLA	CE OF DEATH (Ch	eck only one)					_
2	1 TES 2 THO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	g Home	5 - Residence	6 🗆 Other (Specify)				
PHY	27. MANNER OF DEATH Natural 5 Pending	28a. OATE OF (Month, Da	INJURY ny, Year)	28b. TIM	IE OF 28 JURY	ic. INJU WOR		28d, 0E\$C	RIBE HOW I	NJURY OCC	URED		
184	Natural 5 Pending 2 Accident Investigation						S 2 NO					-	
2	3 Suicide 6 Could not 6 4 Homicide determined	building,	F INJURY — At ho etc. (Specify)	me, farm,	street, factory.	, office		281. LOCAT City or	TON (Street a Town, State)	and Number o	or Rural I	Route Number,	
7	296 SIGNATURE AND TITLE OF CERTIFIER									-			
COMPLET													
2													
m		SHOTO					-		0	•	10	1719	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (King Print)												

344 University Blvd West #214, Silver Spring, MD
32. REGISTRAR SIGNATURE

Julia During

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Satish Angra,

31. DATE FILED (Morith, Day, Year)
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CHOOL TO HIGH CT HOURS	and completely filled in page limeral	to burial, cremation, or remore
o concentration within 24 incells	sician and completely filled in page luneral	rior to burial, cremation, or remute
reals to second mann 27 nous	physician and completely filled in page luneral	ne prior to burial, cremation, or remor-
COUNTRY OF CASCAGE WINNING THE WORLD	ding physician and completely filled in three linear	lygiene prior to burial, cremation, or remu
dur countred to executed minim 24 mail 3	sttending physician and completely filled in processing	ital Hygiene prior to burial, cremation, or remove
ול מכשנו בסומונים כם משכימום שומוון לא וניסוון	the attending physician and completely filled in the limens	Mental Hygiene prior to burial, cremation, or remor-
ימן חוק תקמון לפונוויקשת הם משפקום שומזון לא וניתום	by the attending physician and completely filled in party linear	and Mental Hygiene prior to burial, cremation, or remus
to that the death confined to executed within 24 mails	gned by the attending physician and completely filled in the comment	aith and Mental Hygiene prior to burial, cremation, or remore
מלחופס חומן חוב תכפונו בסוחובים כל משכתפונים שוחזוו לא ניסחום	in signed by the attending physician and completely filled in the lines.	of Health and Mental Hygiene prior to burial, cremation, or removed
ווו ופקטונים חומי חוד מכפחי בסומונים כי משכנים שוחייו בין יוטפוי	been signed by the attending physician and completely filled in page linear	pt. of Health and Mental Hygiene prior to burial, cremation, or remo-
no latt todomes that the treatment to exceed within 24 rouns	has been signed by the attending physician and completely filled in byte lines.	e Dept. of Health and Mental Hygiene prior to burial, cremation, or removed
the sam required that the update continued to exceed within £4 miles	icate has been signed by the attending physician and completely filled in the linear	State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed
morry, the last todaines that the death tenthroate be executed within 27 fedlis	sertificate has been signed by the attending physician and completely filled in the linear	the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remove
more and an equipped and the countries of executed minim 2-4 modes	his certificate has been signed by the attending physician and completely filled in the linear	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove
to this part in an industry and the real continued to continue of the continued to the cont	After this certificate has been signed by the attending physician and completely filled in the linear	ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remain

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in DAS there are compared to the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove and the Case Dept. of Health and Mental Hygiene prior to burial, cremation, or remove and the Case Dept. of Health and Mental Hygiene prior to burial, cremation, or remove and the Case Dept. of Health and Mental Hygiene prior to burial, cremation, or remove and the Case Dept. of Health and Mental Hygiene prior to burial, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

)2	2	960	58	
	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN		ARTME				MENTAI	HYGIEN			1			
1	1. DECEDENT'S NAME (First,									2. DATE	VEAR	3. TI	ME OF DE	ATH			
		/irgin				OVER		_		Oct.	14	AY	1992	2:	:30	Рм	
10	4. SOCIAL SECURITY NUMBER 214-07-16		5. SEX 1 M 2 F	8. AGE (In)	yrs. last birthd	MONTH	B DAYS	HOURS	MIN.	(Month	(Month, Day, Year) Coun				THPLACE (State or Foreign ntry) [aryland		
	9a. FACILITY NAME (If not ins	stitution, give s	treet and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c							9c. CO	9c. COUNTY OF DEATH				
FUNERAL DIRECTOR	RAVENWOOD PEC	Nurs	ing Cer	iter	Hagerstown Wa							Was	Washington				
RE	10a. STATE	10b. COUNTY	,		1111	CITY, TOWI								10d.	INSIDE CIT	TY	
ō	Maryland	Wash	ington		H	ager	sto	n_							YES 2	□ NO	
M	10e. STREET AND NUMBER						10	f. ZIP COO	_			10g. Cl	TIZEN OF	WHAT (COUNTRY	,	
E I	46 Redwoo	d Dr	ive		21740							1	USA				
COMPLETED BY FUNI	11. MARITAL STATUS 1 Never Married 2 1 3 X Widowed 4 Divor	S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuban, Markean, Puerto Rican, etc.) 1 □ YES 2 □ NO Specify:						14. RACE — American Indien, Black, White, stc. Specify: White									
		DENT'S EDU-	-10	16a. DECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/I							SINESS/IN	IDUSTRY					
	Elementary/Secondary (0-		College (1-4 or 5	+)	(Give kind of work done during most of working life. Do NOT use retired.)												
MP	12		2		Hous	sewi	fe				Dom	est	ic				
8	17. FATHER'S NAME (First, Mic										liddle, Maiden						
BE	James McG		gan								Feik						
2	194. INFORMANT'S NAME (7)										er, City or Tow						
	Mrs. Cleor				45	Red	oowf	d Di	. ,	Hage	ersto	wn,	MD	21	740		
	20e. METHOO OF DISPOSITION 1 N Burlet 2 Cremetion 4 Donation 5 Dother		oval from State	20b. PL cemete H	LACE AND OA	or other place	Bur	eme of	Par	k 17t	20c. LO	ber.	chy or to	own, St	MD		
	21 SIGNATURE OF FUNE AL	SHIWICE LIC	ENSEE	11		2	2. NAME A	ND ADDRE	SS OF FA	CILITY	+ 10 0	774 7	1 - 1	V(0.0			
	1 Dough	Las	A H	afe	>	1	302	Nat	11.	Hwy	the . , La	aVa1	e, l				
	IMMEDIATE CAUSE (Fine	art fallure.	complications the List only one cau	t caused it	ha death. D h line.	o not ent	ar the me	ode of dy	ing, auc	th as card	lac or reap	iratory a	rrest,		Approximintarial onset as		
	disease or condition resulting in death)	→	Abdomi	nal Ca	arcino	mato	sis,	prim	ary	lesi	on of	the			8-10	mos	
-			DUE TO	(OR AS A CO	ONSEQUENC					. 1				1			
Z	Convention, list one dista		b			r	ectos	igmo	1d c	olon				ļ			
CATIC	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING																
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST																
O	The second secon					_								- 1			

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO

29d. DATE SIONED (Month, Day, Year)

14,

Oct.

HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TYES 2 NO 5 🗆 Residence 6 🗆 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 📉 Natural 1 YES 2 NO 2 Accident
3 Suicide

28e. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29e. CERTIFIER
(Check only one)

1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER

26. PLACE OF DEATN (Check only one)

DO 1062

WHO COMPLETED CAUSE OF DEATH (ITEM 277 Type, Print)

M.D., Edward W. Ditto, 217 West Washington Street, Hagerstown, Maryland 21740 III,

3. REGISTRAR'S SIGNATURE Fishia Davidson-Randall 6 1992

DHMH-16 Rev 1/89

1992

The state of the s

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

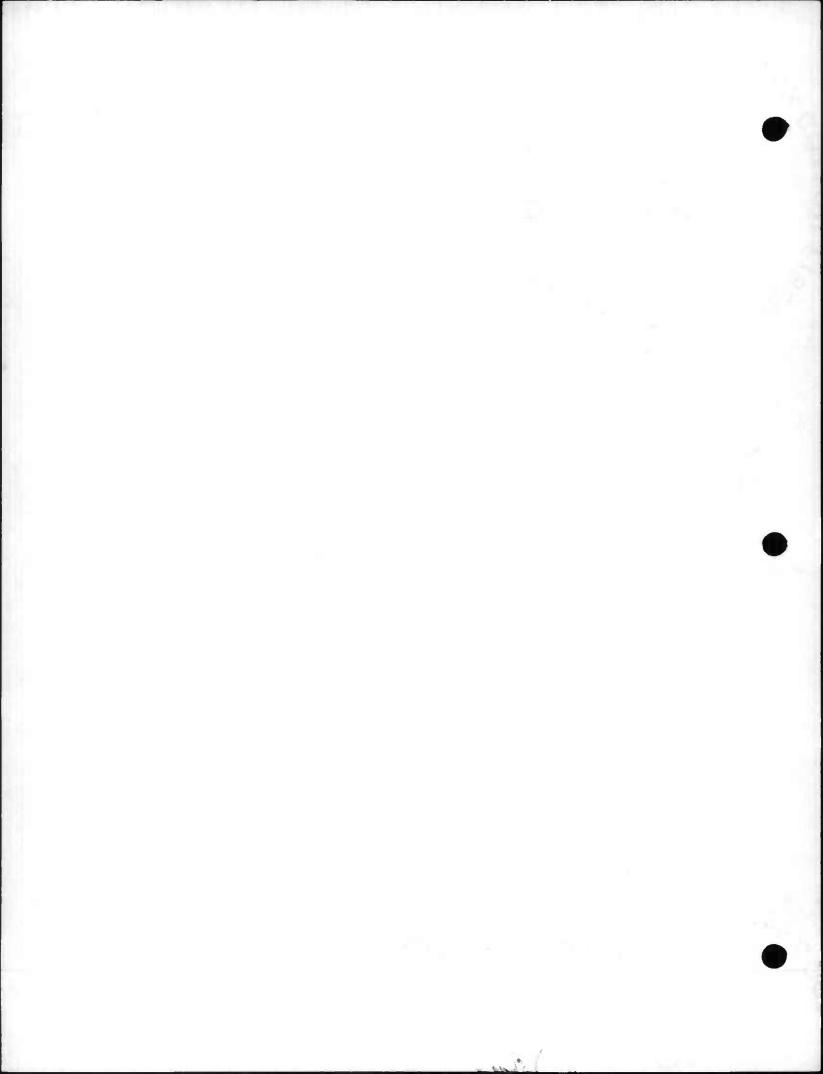
	REGISTRAR		U	ERIIF	ICALE	- OF	DEA	I H		REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Lest) PATRICIA	D.		ARNE	?				2. DATE OF MONTH OCTO	D/	w 10	VEAD	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. la		IF UNDER		-		7. DATE OF		, 19		6:55 P. M
	577-42-4428	1 M 2 F	62	YRS.	MONTHS	DAYS	HOURS	MINI.	(Month, E	lay, Year)	1020	Country	
	9a. FACILITY NAME (If not institution, give st	21	- 02		Oh CITY	TOWN O	R LOCATI	ON OF BE		29,		WASE	IINGTON, DC
Œ	2304 EVANS DR								AIN				
5	RESIDENCE OF DECEDENT	LVE			211	LVER	SPR	ING			MO	NTGOM	IERY
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION					T	10d. INSIDE CITY
5	MARYLAND MON	TGOMERY			SIL	VER	SPRI	NG				- 1	LIMITS?
AL A	10s. STREET AND NUMBER					101.	ZIP CODE	E			10g. CIT		HAT COUNTRY?
FUNERAL	2304 EVANS DRIVE						2090	1				USA	
5	11. MARITAL STATUS	12. WAS DECEDENT			13.	WAS OEC	ENDENT C	F HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. BACE	— American Indian
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 (IF YES, GIVE WA	P OR DATES	NO			2 X NO		n, Puerto Ric	an, etc.)		Black, Specify	White, etc. WHITE
8	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL O	CCUPATIO	N		16b. K	ND OF BUS	SINESS/IN	DUSTRY	
E I	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me	ive kind of v Do NOT us	e retired.)			-					
COMPLETED	12		ADM	INIST	RATI	YER ^A	SSIS	TANT	BA	NKINO	7		
8	17. FATHER'S NAME (First, Middle, Last)								ME (First, Mid	dle, Maiden	Sumame)		
BE	HENRY P. FRANK						E	ESTEL	LE F.	SCH	REYER	3	
2	19a. INFORMANT'S NAME (Type/Print)								Route Number,				
	GEORGE S. GARNER	(HUSBAN	ND) 2.	304 E	VANS	DRI	VE	SILV	ER SP	RING	MARY	LAND	20901
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	oval from State	20b.PLACE cemetary, cre	ANODATE	FDISPOS	ITION /Na	me of		DATE	20c. LO	CATION -	City or Tow	rn, State
	4 Donation 5 Other (Specify)		PARK	LAWN	CEME	TERY			10/10	ROCE	CVILI	E, MA	RYLAND
Ž	21. SIGNATURE OF FUNERAL SERVICE LIC		0				D ADORES		LINS	THENTE) A T T	IOME	TNC
	Manis	allen	4										,MD.20901
	23. PART I. Enter the disesses, or c shock, or heart fallyire. I	omplications that	caused the de	ath. Do n	ot enter	the mo	de of dy	ing, suct	h as cardia	or respi	ratory ar	rest,	Approximate
- 1	shock, or heart fallylre. I IMMEDIATE CAUSE (Final			-							-		Interval Between Onset and Death
1	disease or condition resulting in death)	Mot	OR AS A CONSE	10	re d	00	~ 0	1-0	100		Un a	(10	3 mor
	resulting in death)	DUE TO	OR AS A CONSE	QUENCE OF	7: /	~~~		- CC	ner	1	1000		3
z	A CONTRACTOR OF THE STATE OF TH	le	Re 1	10.	bu	als							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (A CONSE	QUENCE OF	7):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	G											
Ë l	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF	7):								
H		d											
	PART II. Other significant condition	s contributing to d	lesth but not	resulting I	n the un	derlying	cause g	lven in	Part I. 24	Ia. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL										PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
									_ '	☐ YES 2	□ NO	- 1	OF DEATH?
. M									-				1 TES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH /Chi	ck only one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Num	1 :			6 Other (S	Specific)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF I	NJURY	28b. TIM	E OF	28c, INJI	JRY AT		28d. DESCE		NJURY OC	CURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	r, nour)	ins	URY M		RK?) NO					
	3 Suicide 8 Could not be	28a. PLACE OF	INJURY - At he tc. (Specify)	ome, farm, s	treet, fact	ory, office	,		281. LOCATI		nd Numbe	r or Rural Ro	oute Number,
COMPLETED	4 Homicide determined		ie. (apouny)						City or	Town, State)			
7	29a. CERTIFIER (Check only	CIAN; To the best of n	ny knowledge, de	ath occum	d at the ti	me, deta	and place	and due	to the course	(a) and man	ner en ete	ted	
M	one) 2 MEDICAL EXAMINE												and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER							NSE NUM					
B	Dett. 11 //	baun	M.D)					834	1	≥ /	OR	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH ATE	M 27) (Type	Print)			_		-	- (10/	16
	The second secon			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					4	1.4	-		
	BARRY ROSEAI 31. DATE FILED (MONTH, Day, Year) OCT 1 3 1992	BAOM	372	20 /	ARI	PAG	UT	A	JE .	KEX	1524	6 10.	N, ald.

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the complete of the law requires that the law requires that the attending physician and completely filled in by the control of the state of the leath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



	FOR 1 STATE	STATE OF M	IARYLAND / I	DEPARTM	IENT OF H	IEALTH AND	MENTAL	HYGIENE	9	2	29070
	REGISTRAR		CE	RTIFIC	ATE OF	DEATH		REG. NO.		_	1.1
	1. OECEDENT'S NAME (First, Middle, Last)						MONTH		YE	AR	TIME OF DEATH
		Ann F.	Gearing				10	9	199		4:18 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		Day, Year)	0	Ountry)	CE (State or Foreign
	578-42-6918	1 M 2 N F	60	YRS.				-14-19:			1. D.C.
-	9e. FACILITY NAME (If not institution, give			96		OR LOCATION OF E			9c. COUNTY	OF OEATH	4
0	19109 Annapolis	Way			Gaitl	nersburg			Mont	gome	ry
DIRECTOR	10a. STATE 10b. COUNT			10c. CITY, TO	OWN OR LOCAT	TION				100	I. INSIDE CITY
=	MD. Moi	ntgomery		Ga-	ithersl	aura				1.	LIMITS?
	10e. STREET AND NUMBER	regomery	1	. Oa.	-	I. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
N N	19109 Annapol:	i o Hay				20879			T.	.S.A	
FUNERAL	19109 AIIIIapol.	~	T EVER IN U.S. ARM	IED	13. WAS DEC	ENDENT OF HISP	ANIC ORIGIN	(Specify Yes o		RACE -	American Indian.
	1 Never Married 2 X Married	FORCES? 1 IF YES, GIVE W	YES 2 NO	D	if yes, sp	ecify Cuban, Mexic	en, Puerto R			Black, WI Specify:	hita, etc.
B	3 Wildowed 4 Olivorced		All Oll Ballo		1	7 E3 110 Optio	wy.			ороону.	White
8	15. DECEDENT'S EDU (Specify only highest grad	JCATION	16a. OEC	EOENT'S USI	JAL OCCUPATION OF THE CONTROL OCCUPATION OCCUPATION OF THE CONTROL OCCUPATION OCC	ON and an and and	16b.	KIND OF BUSI	NESS/INDUST	RY	
H	Elementary/Secondary (0-12)	College (1-4 or 8 +	Him I	Do NOT use re	tired.)	ast of working					
P.		4	Co	rporat	te Off:	icer		Cons	ulting		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S N	AME (First, N	liddle, Maiden S	umame)		
BE C	David L	. Riorda:	n				Ma	rgaret	McCa	rthy	7
0	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DRESS (Street	and Number or Rura	I Route Numb	er, City or Town,	State, Zip Coo	(0)	
F	John K. Gearing		1	9109 A	Annapo:	lis Way,	Gaith	ersbur	g, MD.	208	379
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Rer	novel from State	20b. PLACE A of cemetary,		DISPOSITION	(Name	OATE	20c. LOC	ATION City	or Town,	State
	4 Donation 5 Other (Specify)					metery 1	10+14	Si1	ver S	prin	g, MD.
-	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	2100		22. NAME A	NO ADORESS OF F	ACILITY	eVol F	unera	1 Ho	me
	► While	001	relile	ne	10 E.	Deer Pa					, MD.2087
	23. PART I. Enter the diseases, or	complications the	t coused the dea	ath. Do not							Approximate
	shock, Dr heart fellure										Interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition	Ray	10	11	C. C.	none	70				1 > 10
	resulting in death)	s. IKH	(OR AS A CONSEO	TIENCE OED:	laic	1/01/	7			-	1700
_		552 10	TON AS A CONSEC	OLNOE OF J.							
CERTIFICATION	Sequentielly list conditions,	b	(OR AS A CONSEQ	UENCE OF):							
A	If any, leading to immediate cause. Enter UNDERLYING										
임	CAUSE (Disease or Injury thet initieted events	oue to	(OR AS A CONSEO	UENCE OF):							
E	resulting in death) LAST	4									
2											1
AL.	PART il. Other significent condition	ons contributing to	death but not re	esulting in 1	the underlyin	ig cause given i	n Part I.	24s. WAS AN A PERFORM		AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDICAL								1 YES 2	□ NO		MPLETION OF CAUSE DEATH?
ME										1 (YES 2 NO
ä										1	6.29
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26, P	LACE OF DEATH (Check only on	e)			N
Si	, 1 - YES 2 - NO		ER/Outpatient 3			me 5 X Residenc	a 6 🗆 Othe	r (Specify)			100
PHYSICIAN:	27, MANNER OF DEATN	25a. DATE OF (Month, E	INJURY Day, Year)	28b. TIME (JURY AT ORK?	28d. DES	CRIBE HOW IN	JURY OCCUR	ED	
BY	Natural 5 Pending 2 Accident Investigation				M 1 🗆	YES 2 NO			PRODUCTION OF		
ED	3 Suicide 8 Could not be	28e. PLACE 0 building,	OF INJURY — At hor atc. (Specify)	me, farm, stre	et, factory, offi	Ca		ATION (Street ar	nd Number or i	Rural Rout	e Number,
H	4 Homicide detarmined										
COMPLET	29a. CERTIFIER 1 CERTIFYING PNY	SICIAN: To the best of	l my knowledge, de	ath occurred	at the time, dat	a and place, and d	us to the cau	ne(a) and man	ner as stated.	-	
NO.	one) 2 MEDICAL EXAMIN	IER: On the basis of a	xamination and/or i	nvestigation,	In my opinion,	death occured at t	he time, data	and place, and	due to the c	RUSO(S) Br	nd manner as stated.
E C	296, SIGNATURE AND TITLE OF CONTIF	ER //	70	7.5		29c. LICENSE N	UMBER .	0	29d. DATE S	GNED (M	onth, Day, Year)
0	2/x/	MAL	11,	m		033	68 4)	Octo	ber	12, 1992
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAN	SE OF DEATH (ITER	M 27) (Type, Pr	int)		-				_, _,_

M.D., 9715 Medical Center Dr., Rockville,

32. REGISTRAN'S SIGNATURE

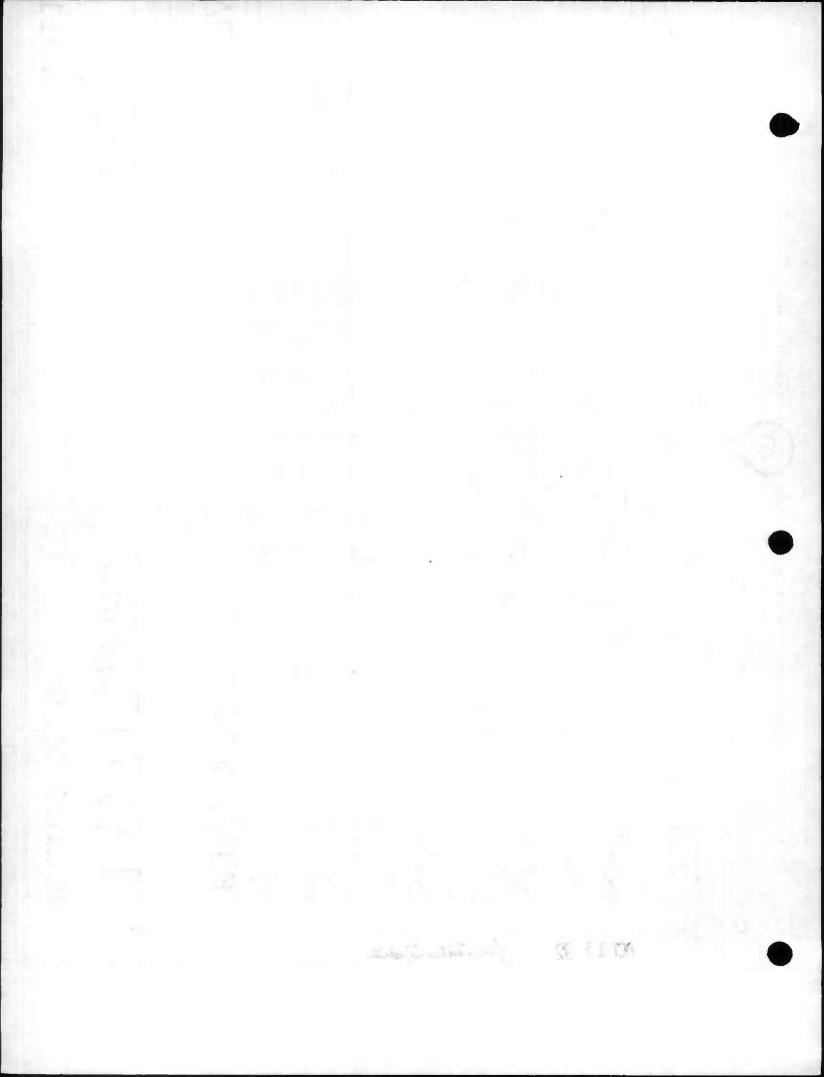
Julia Devident Modelle.

Kenneth D. Miller, 31. DATE FILED (Morth, Day, Year) 007 13 92

M.D.

20850

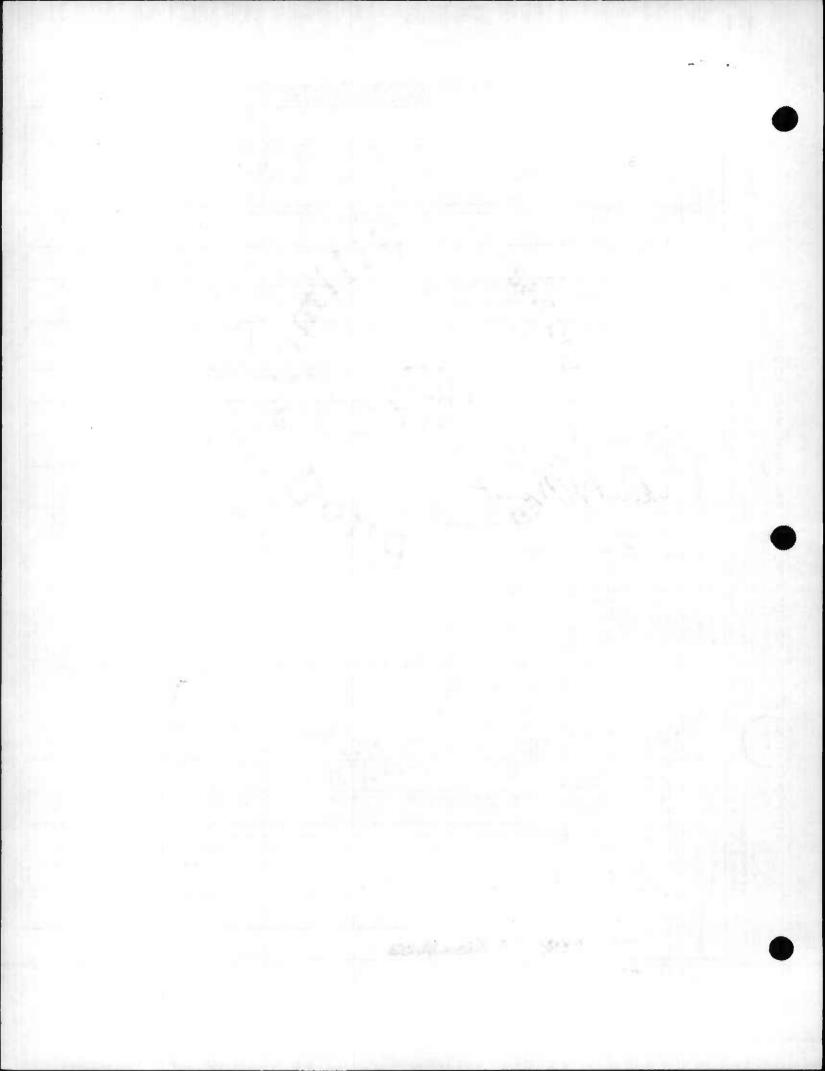
MD.



DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICS TO THE FUNERAL DIRECTOR: After this de filed within 72 hours after death with FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

$\overline{}$	11201011211				IOAIL	- 01	DEA	111	HE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) ELMER L. HEDR	ICK							2. DATE OF DE MONTH October	DAY	1992	1:55 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI	RTH	A BIRTI	HPLACE (State or Foreign
	225-10- 5 900	1 🖾 M 2 🗌 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec. 27	, 190	7 Vir	ginia
	Se. FACILITY NAME (If not institution, give a	treet and number)			9b, CITY	, TOWN	OR LOCATI	ON OF D	EATH	9c.	COUNTY OF E	DEATH
6	Garrett County Me	morial H	ospital		0.	akla	nd				Garre	tt
ᇤ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		I soc CIT	Y, TOWN C	OR LOCA	TION			-		10d. INSIDE CITY
BY FUNERAL DIRECTOR	Maryland St. N	Mary's			lley							LIMITS? 1 YES 2XX NO
A	10e. STREET AND NUMBER					10	. ZIP COD	E		100	. CITIZEN OF	WHAT COUNTRY?
ER	Unknown					-10	2	0692			U	SA
5	11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT	F HISPA	NIC ORIGIN? (Spe	city Yes or N	0- 14. RAC	E — American Indian,
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE		40			2 X NO		an, Puerto Rican, ly:	etc.)	Spec	k, White, atc. White
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade			CEDENT'S					16b. KIND	OF BUSINES	S/INDUSTRY	
<u> </u>	Elementary/Secondary (0-t2)	College (1-4 or 8	- Min	ive kind of a Do NOT us	se retired.)	auring mo	IST OF WORK!	g				
1dV	unknown			Bart	ender	c			Ва	rtend	ing	
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Middle,	Maiden Surna	me)	
BE (Unknown				1.		Un	know	n			
0	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRESS	(Street a	ind Number	or Rural	Route Number, City	y or Town, Sta	te, Zip Code)	
F	Mr. Dennis Long		1	09 N	orman	n Ro	ad	St	afford,	Va.	22554	
	20a. METHOD OF DISPOSITION t ☑ Burlal 2 ☐ Cremation 3 ☐ Rem	mel from State	20b. PLACE	AND DATE	OF DISPOS	ITION (N	me of		DATE	20c. LOCATIO	N — City or To	own, State
	4 Donation 8 Other (Specify)	Ovar Holli State	Ceda	r Hi	II Ce	emet	ery		10/16	Suit	land,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	,		22.	NAME A	ND ADDRE	SS OF FA	CILITY	1411	Box 2	
	Abolant 40	Vina	M001	67	Dı	ıret	Fund	ral	Home -			
	23. PART I. Enter the diseases, or o	complications the	it caused the de	ath. Do r								Approximate
	anock, or heart failure.	List only one car	use on each line),						· roupilatos	, -1.001,	interval Between
	IMMEDIATE CAUSE (Final disease or condition	congest	ivo hon	rt f	41							Onset and Death
-	resulting in death)		OR AS A CONSE			. C						1 day
,		pneumor			,							3 days
<u>ō</u>	Sequentially list conditions, if any, leading to immediate		(OR AS A CONSEC	DUENCE OF	F):							Juays
3	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF	F):							
CERTIFICATION	resulting in death) LAST	d										
	PART II. Other aignificant condition	a contribution to	death but not -	o outstan a	In the	al a alada						
EDICAL	hyperparathyro		deeth but not r	eauting	in the un	deriyin	g cause (jiven in		WAS AN AUTO PERFORMED		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	dementia								10	YES 24 N	0	OF DEATH?
									_			1 TES 2 NO
ä												
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only one)			
ΥS	1 YES 2 ND 27. MANNER OF DEATH		ER/Outpatient 3		_	-		aldence	6 Other (Spec			
	1 Natural 5 Pending	28e. DATE OF (Month, E		28b. TIM INJ	URY		RK?		28d. DESCRIBE	NOW INJUR	OCCURED	
a a	2 Accident Investigation	20 51455			M		YES 2] NO				
	3 Suicide 6 Could not be 4 Homicide determined	building,	of INJURY — At ho etc. (Specify)	ma, farm, s	streel, fact	ory, offic			281. LOCATION City or Town		imber or Rural I	Route Number,
COMPLETED												
로	29a. CERTIFIER (Check only one)											TOTAL TO
ğ	2 MEDICAL EXAMINE	R: On the beals of a	xamination and/or i	investigatio	n, In my o	pinion, d	eath occur	ed at the	time, data and p	lece, and due	to the cause(s	and manner as stated.
ш	296. SIGNATURE AND THE OF CERTIFIES						29c. LICE	NSE NUI	WBER	29d	DATE SIGNED	(Month, Day, Year)
8	- Maring 11/10	unus	m	K	111)	D257	759		•	Octobe	er 11, 1992
2	30. NAME AND ADDRESS OF PERSON WN				,							
	Walter K. Naumann	n M.D., A	Accident	MD 2	21520)						
4	31. DATE FILED (Month, Day, Year)		IR'S SIGNATURE									
	OCT 1 3 199	52 State	Cappania	S. D.C.	1							



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ertiff	Du	gien	=
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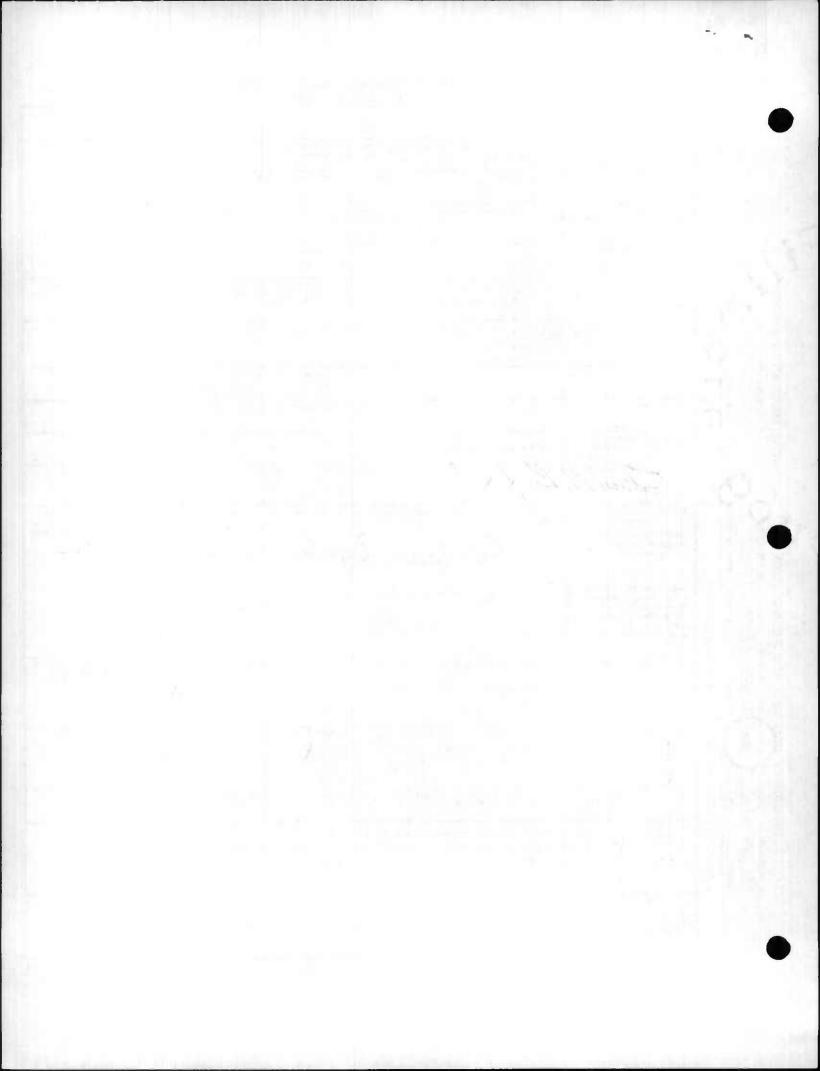
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3 Sulcide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. CESTIFIED	23. PART I. Enter the disesses, shock, or heart fall IMMEDIATE CAUSE (Finel disesse or condition resulting in desth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO a	MOC at caused the d use on each lin co (OR AS A CONSI c) (OR AS A CONSI c) (OR AS A CONSI c) (OR AS A CONSI c) deeth but not	DOS 2 death. Do note. EQUENCE OF EQUENCE OF Transliting I	Pi:	ME AND ADDRI ME AND ADDRI PROPERTY OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF T	given in	10/12 ACILITY Funera Marr ch ss csrdi	/92 DA al Horyland corresp) al Was an Penfor	AUTOPSY	P.A. 650-rrest,	-0279 Appro- Interv. Onset So Appro- Appro- Interv. Onset Conset Interv. Onset Interv. Onset Interv. I	I Betwee and Dear
20a CESTIFIED	23. PART I. Enter the disesses, shock, or heart fall IMMEDIATE CAUSE (Finel disesse or condition resulting in desth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitiated events resulting in death) LAST PART II. Other algnificant conditions or conditions or conditions. If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitiated events resulting in death) LAST	DUE TO a	MOC at caused the d use on each lin co (OR AS A CONSI c) (OR AS A CONSI c) (OR AS A CONSI c) (OR AS A CONSI c) deeth but not	DOS 2 death. Do note. EQUENCE OF EQUENCE OF Transliting I	P: In the under OTHER: 4 Nursing E OF 28	ME AND ADDRI ME AND ADDRI PINS FIG. CONTROL PORT OF THE ADDRESS OF THE ADDRES	given in	10/12 ACILITY Funera Marr ch ss csrdi	/92 DA al Horyland corresp) al Was an Penfor	AUTOPSY	P.A. 650-rrest,	-0279 Appro- Interv. Onset So Appro- Appro- Interv. Onset Conset Interv. Onset Interv. Onset Interv. I	I Betwee and Dear
ZNS. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated.	23. PART I. Enter the disesses, shock, or heart fall immediate CAUSE (Finel disesse or condition resulting in desth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICE EXAMINER? 1	DUE TO a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. PLACE building	MOC at caused the d use on each lin co (or as a consi co (or as a	DOS 2 deeth. Do note. EQUENCE OF	P: Cother:	ME AND ADDRI ME AND ADDRI PINS FIG. PORT OF THE PROPERTY OF	given in	10/12 ACILITY Funera Marr ch ss csrdi Part I. Part I. 1 Part I. 28d. DESC	Pandal Horyland Corresponding Tenness Real Was and Perform To Yes 2 Specify) RIBE HOW I	AUTOPSY ON NO INJURY OF	P.A. 650- rrest,	-0279 Appro- Interv. Onset Solution AMILABLE PI COMPLETION OF DEATHY 1 YES 2	I Between and Dear
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one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as at	23. PART I. Enter the disesses, shock, or heart fall IMMEDIATE CAUSE (Finel disesse or condition resulting in desth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Indicated events resulting in death) LAST PART II. Other algnificant conditions in the conditions of the	b. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE 0 (Month, 1st be defended)	MOC at caused the d ruse on each lin co (or as a consi co (or as a	DOS 2 death. Do note. EQUENCE OF EQUENCE OF Transiting to the control of the con	other: OTHER: 4 Nunsing	PAID PAID ADDRIGHT IN STICE CONTROL OF THE CONTROL	given in	10/12 ACILITY Funera Marr ch ss csrdi Part I. Part I. Part I. 28d. DESC 28f. LOCA City of	A Specify) RIBE HOW (Street Town, Stete)	AUTOPSY ON NO INJURY OF	P.A. 650- rrest,	-0279 Appro- Interv. Onset Solution AMILABLE PI COMPLETION OF DEATHY 1 YES 2	I Between and Dea

1428 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MD 17 Jefferson Street, Leonardtown, Maryland
32. REGISTRAR'S SIGNATURE

a Davidson-Pandelle William D. Boyd 11
31. DATE FILED (Month, Day, Year)
OCT 08 '92

Gu

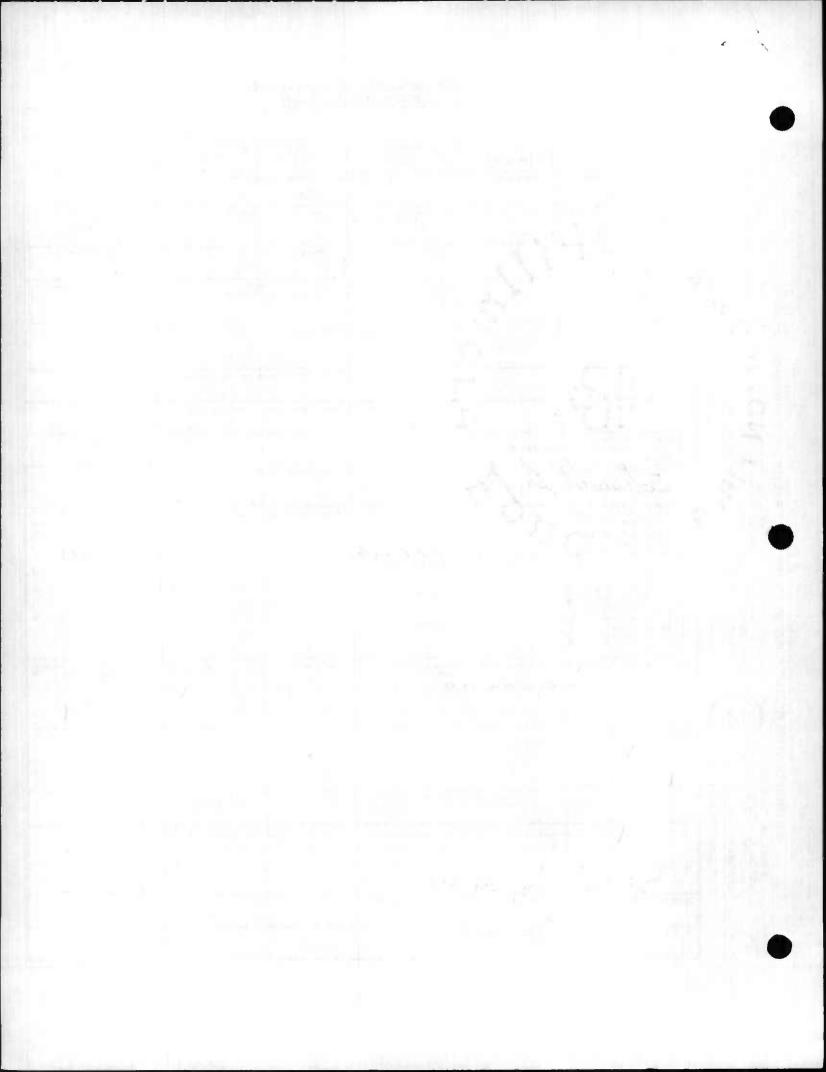
DHMH-16 Rev 1/89



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, P.O. BOX 68760,	evacettad within
BOX	off office
P.O.	Ill namifi
RECORDS,	seasoning that the death certificate he executed within 24 h
ITAL RE	1
OFV	PHYSICIAL
DIVISION OF VITAL	PITAL OR ATTENDING PHYSICIAN T
0	PITAL OR

SICIANT CARLO 212 15-0020 SICIANT CARLO 212 15-0020 SICIANT CARLO 212 15-0020 SICIANT CARLO 212 15-0020 SICIANT CARLO 212 15-0020 SICIANT CARLO 212 15-0020 Certification of the same and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be the same page 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be not the same page 1. 2, 3 should be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	11 11 11 11 11 11 11 11 11 11 11 11 11
TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE CHAIR OF THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTIOR: After this certification to the completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the Same Detail Helm and Names Hypere page to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or immediate an other transmitted event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN MEDICAL CERTIFICATION	29 29
	- 1	30

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF HEA		ENTAL HYGIENE		2.5010
	1. DECEDENT'S NAME (First, Middle, Last,					2. DATE OF DEATH		3. TIME OF DEATH
	WILLIAM	JAMES	HEIMER			CTOBER 3,		12:30 PM M
	4. SOCIAL SECURITY NUMBER				UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
	578-18-3946		72 YRS.	DATE PI		AUG. 23, 19		SHINGTON, DC
~	Se. FACILITY NAME (If not institution, give		1	b. CITY, TOWN OR L	OCATION OF DEA	тн	9c. COUNTY OF	DEATH
DIRECTOR	RT. # 2, BOX 4	1-C		LEONARDIO	OWN		ST. N	MARY'S
E	10a. STATE 10b. COUNT	TY	10c. CITY,	TOWN OR LOCATION				10d, INSIDE CITY
1 5	MARYLAND ST	. MARY'S	T.	EONARDTO	VINJ.			LIMITS?
A A	10s. STREET AND NUMBER				CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	RT.# 2, BOX 4:	1-C		20	0650		U.S.A	٨.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED	13. WAS DECENE	ENT OF HISPANIC	ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian,
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES		Specify:	Puerto Rican, atc.)	Spec	offy:
	15. DECEDENT'S ED		2 - 1946	<u> </u>				WHITE
COMPLETED	(Specify only highest grad	le completed)	(Give kind of wor	rk done during most oi	working	16b. KIND OF BUSI	NESS/INDUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	SALESM			GOLF EC	DUIPMENT	1
S O	17. FATHER'S NAME (First, Middle, Last)		SALIGORI		MOTHER'S NAME	E (First, Middle, Maiden S	-	
	EDGAR B. H	EIMER			BLANCH			NOUR
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and I	lumber or Rural Ro	ute Number, City or Town,		210011
2	FRANCES C. HEIM	ER	RT.# 2	, BOX 41	L-C, LEC	NARDTOWN,	MARYLAN	ID 20650
	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rea	novel from State	0b. PLACE AND DATE OF emetery, crematory or othe	DISPOSITION (Name of			ATION — City or T	own, State
	4 🗆 Donation 8 🗀 Other (Specify)	11	MNTT CREM		10/	4/92 WALI	OORF, MA	RYLAND
	21, SIGNATING OF UNERAL BERNOON	Beach			DDRESS OF FACI	UNERAL HON	/IT?	
	EDWARD N. BRI	NSFIELD, JR	M00052			I, MARYLANI		-0270
	23. PART I. Enter the diseasea, or	complications that cous	ed the death. Do not	t enter the mode	of dying, such	as cardiac or respire	itory arrest,	Approximata
	immediate cause (Final	. List only one cause on						Onset and Death
	disease or condition resulting in death)	. Ly	Mphon A CONSEQUENCE OF):	A				4,25
	Tourist and action	DUE TO (OR AS	A CONSEQUENCE OF):					1103
Z	Sequentially list conditions,	b						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):					
F.	CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE OF):					
E	resulting in death) LAST		,					
S		d						
¥	PART II. Other algorificant condition			the underlying ca	use given in Pa	ert i. 24e. WAS AN A		AWAILABLE PRIOR TO
EDIC		eumon	- 4			1 TYES 2	/HO	COMPLETION DF CAUSE OF DEATH?
*						_		1 TYES 2 THO
3								
ō	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE	OF DEATH (Check	k only one)		
PHYSI	1 YES 2 TONO 27. MANNER OF BEATH	1 ☐ Inpatient 2 ☐ ER/O		☐ Nursing Home 8	-	Other (Specify)		
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME (TY WORK?	AT 2 NO	28d. DEŞCRIBE HOW IN.	JURY OCCURED	
BY	Accident Investigation	28e. PLACE OF INJUI	RY — A1 home, farm, stre	1 723		28f. LOCATION (Street an	d Number or Duni	Christia Morathus
B	4 Homicide 8 Could not be	building, etc. (St	pecify)	out, rectory, critics	- 1	City or Town, State)	a Number of Note:	House Number
COMPLET	29a. CERTIFIER A CERTIFYING BUY	RICIANA To the best of an in-						
M M		ER: On the best of my known street in the best of examinat						e) and manner on stated
	296. SIGNATURE AND TITLE OF CERTIFIE							
BE	Sm /)	130 100	m		LICENSE NUMB	EN	ZPd. DATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type P		014285		10	7-16
	WILLIAM D. BOY	/	ferson St		nardtow	n. Marvlar	nd 2065	0
	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIG	NATURE	1000		, ramy rul	2000	
	OCT - 5 '92	Julia Davidso	200					
								The second secon



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

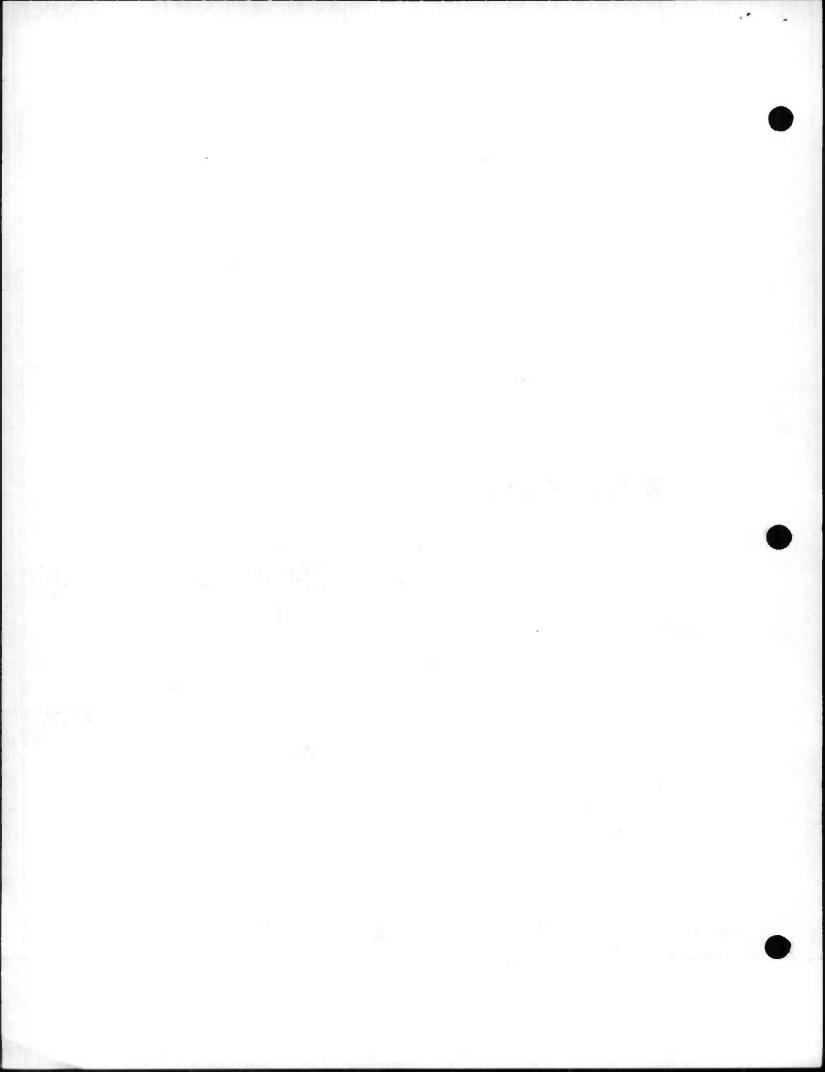
HYSICIAN: The law refluires that the death cen	TO THE FUNERAL DIRECTOR: After the companies of the international physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	be field within 72 hours after death with the contract of the part of the purish, committee, or removal.	IMPORTANT: If item 28 is married, or hear 22 above any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MA		DEPART					IENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, La								2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	_
		Rebecca				ngto			October	1.	1992	4:00 pm	d
	4. SOCIAL SECURITY NUMBER 217-03-2756D	5. SEX 6.	AGE (In yrs. les		IF UNDER	DAYS	HOURS	Better	March 4,	1917	Count	PLACE (State or Foreign ry)	
	9a. FACILITY NAME (If not institution, gi	ve street and number)			9b. CITY	TOWN C	R LOCATI	ON OF DEA			NTY OF D		_
DIRECTOR	Cedar Lane Apar	rtments #20	8		Le	onar	dtov	vn_		St	Ma	ary's	
JEC.	10e. STATE 10b. COU	NTY		10c. CITY	TOWN C	OR LOCAT	ION					10d. INSIDE CITY	-
L DIS	Maryland St.	Mary's		Le	onai	rdto						1 - YES 2 X NO	
FUNERAL	Cedar Lane Apt	. # 208				101	ZIP CODI	550		,	.S.A	WHAT COUNTRY?	
S	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	F HISPANI	C ORIGIN? (Specify Y	ea or No-	14. RACI	E — American Indian, k, White, atc.	-
ВУ F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [10		If yes, spo I YES	2 NO	n, Mexican, Specify:	, Puerto Rican, etc.)		Spec		
	16. DECEDENT'S E		16a. DE	CEDENT'S L	SUAL O	CCUPATIO	N .		16b, KIND OF B	USINESS/IN	DUSTRY	WILLCO	_
COMPLETED	(Specify only highest gr	College (1-4 or 5+)		tve kind of wi Do NOT use		during mo	st of worldr	g					
M	11th Grade		HO	usewi	.ie					ome			_
00	17. FATHER'S NAME (First, Middle, Lest) Michael	F. McGuigan	l					HER'S NAM San	Rebecci		Ad	ams	
) BE	19a. INFORMANT'S NAME (Type/Print)			. MAILING	ADDRESS	S (Street a	nd Number	or Rural Ro	oute Number, City or To	wn, State, Zi	p Code)		_
5	Teresa V. Copse	:y	P	.O. E	ox 9	92 M	echa	nicsv	ville, Ma	rylan	d 20	659	
	20a METHOD OF DISPOSITION 1 🔀 Burlal 2 🗆 Cremation 3 🗆 R 4 🗆 Donation 5 🗀 Other (Specify)	emoval from State	20b. PLACE A	MAND DATE OF	F DISPOS	ial (Ra	me of	one 1	DATE 20c. L	OCATION -	City or To	own, Stata	Č
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Charl	es ne	_		-	SS OF FACI		Leon	arac	Own, Han y Lan	
1	Michael	K. Laro	liner)	M	atti	ngle	y-Gai	rdiner Fu	neral	Hom	e, P.A.	1
	23. PART I, Enter the diseases,	or complications that c	aused the de	ath. Do no	ot enter	the mo	de of dyl	ng, such	as cardiac or rea	piratory ar	Marry reat,		
	IMMEDIATE CAUSE (Final	re. List only one cause	on each line	9	23	0	1	1	0			Interval Between Opent and Death	
	disease or condition resulting in death)	a. // /	AN A CONSEC	ers	La	L	XVI	ter	chan			has	
z		70	AS A COMBEC	1 AU	M	A	the	100	(t)s			401	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO JOS	AS A CONSEC	PUENCE OF	//	1	1	V				70-	ī
5	cause, Enter UNDERLYING CAUSE (Disease or Injury	E. DUE TO (OI	AS A CONSEC	DUENCE OF	_			_/_				V	
E	that initiated eventa resulting in death) LAST	2										İ	
		- *-											
ICAL	PART II. Other algorificant condit	lone contributing to de	ath but not n	esulting ir	the un	derlying	cause (lven in P		RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE	
MEDI										- 1		OF DEATH?	
ä												NA	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF O	EATH (Chec	ck only one)			-	
YSI	1 XYES 2 NO	1 🗆 Inpetient 2 🗆 El		□ DOA	4 🗌 Nun	sing Home		eidence A	☐ Other (Specify)				
ву Рн	27. MANNER OF DEATH Neturel 5 Pending Investigation	26a. DATE OF IN. (Month, Day,		26b, TIME INJU		28c, INJI WOI 1 Y	HRY AT RK? ES 2		26d. DEŞCRIBE HOW	INJURY OC	CURED		
	2 Suicide 6 Could not 4 Homicide determined	28a. PLACE OF III	JURY At ho . (Specify)	me, tarm, et	reat, fact	ory, office	1		26f. LOCATION (Street City or Town, State		r or Rural I	Route Number,	-
LET	no converse by			9.00	1315WW	WEST COLUMN	A						
COMPLETED	(Check only	IVSICIAN: To the best of my IINER: On the best of exam										a) and manner as stated,	
BE C	29b. SIGNATURE AND TITLE OF CERTIF		7/2		11	Λ		NSE NUME				(Month, Day, Year)	_
0	26 NAME AND ADORESS OF REPON	or the	WO	2	41		D	26	419	1/6) -	2-42	

OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Pr M.D. Leonardtown, Maryland

22. REGISTRAR'S SIGNATURE

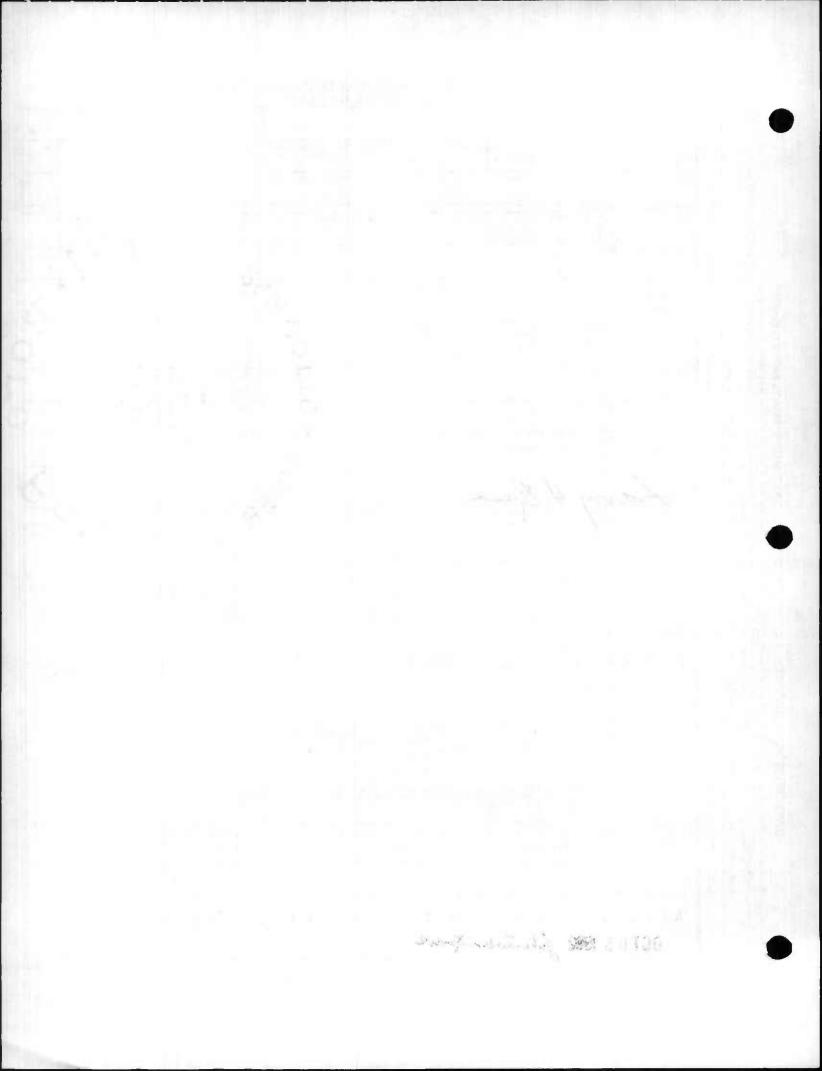
Sund Davidson-Randell J.Patrick



F WAL RECORDS, P.O. BOX 68760, BALLIMORE, MARYLAND 21215-0020	TO THE NEW IN IN THE HOUSE THE CATHOLICATE DE EXECUTED WITHIN 29 NOUNS after Clearly. Page 6 may be retained by the hospital or attending physician.	The state of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	or removal.	medical examiner must be notified at once.
MOT WAL RECORDS, P.O. BOX 68760,	AND PHYSICIAN. The law requires that the death certificate be executed within 2%	me mid-miniman has been signed by the attending physician and completely fills	ments are the Dept. of Health and Mental Hygiene prior to burial, cremation,	market er tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISIO	TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTOR: AN	he filed within 72 hours after del	IMPORTANT: If item 28 is n

92 29675

9a. FACILITY NAME (If not institution, give street a 5259 SUDLEY RD. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND ANNE A 10e. STREET AND NUMBER 5259 SUDLEY RD. 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade compo	EX 8. AGE (M 2 \(\) F INDEL WAS DECEDENT EVER IF FORCES? 1 \(\) YES F YES, GIVE WAR OR D.	10c. CITY, T WEST	WEST OWN OR LOCATE RIVER 101. 13. WAS DECE	F UNDER 24 HRS. HOURS MIN. 7 R LOCATION OF DEATH RIVER ON ZIP CODE 20778	P	3. TIME OF DEATH 8. BIRTHPLACE (State or Foreign MARYLAND COUNTY OF DEATH ANNE ARUNDEL 10d. INSIDE CITY LIMITS? 1 YES 2 NO CITIZEN OF WHAT COUNTRY? U.S.A.
219-12-3000 1	M 2 ☐ F INDEL WAS DECEDENT EVER IF FORCES? 1 ☐ YES F YES, GIVE WAR OR D.	10c. CITY, T WEST	DAYS D. CITY, TOWN O WEST DOWN OR LOCATI RIVER 101. 13. WAS DECI If yes, spe	R LOCATION OF DEATH RIVER ON ZIP CODE 20778	(Month, Day, Year) 924	OMARYLAND COUNTY OF DEATN ANNE ARUNDEL 10d. INSIDE CITY LIMITS? 1 YES 2 NO CITIZEN OF WHAT COUNTRY?
5259 SUDLEY RD. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND ANNE A 10c. STREET AND NUMBER 5259 SUDLEY RD. 11. MARITAL STATUS 1 Never Married 2 Naturied 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade compa	RUNDEL WAS DECEDENT EVER IF FORCES? 1 YES F YES, GIVE WAR OR D.	VU.S. ARMED	WEST OWN OR LOCATE RIVER 101. 13. WAS DECE	ZIP CODE 20778	P	ANNE ARUNDEL 10d. INSIDE CITY LIMITS? 1 YES 2 NO CITIZEN OF WHAT COUNTRY?
MARYLAND ANNE A 10e. STREET AND NUMBER 5259 SUDLEY RD. 11. MARITAL STATUS 1 Never Married 2 Naturied 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade compared)	WAS DECEDENT EVER II FORCES? 1 ☐ YES F YES, GIVE WAR OR D.	WEST	RIVER 101. 13. WAS DECI	ZIP CODE 20778	10g. C	LIMITS? 1 YES 2 NO CITIZEN OF WHAT COUNTRY?
5259 SUDLEY RD. 11. MARITAL STATUS 1 Never Married 2 Swerried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade compa	FORCES? 1 TYES F YES, GIVE WAR OR D.	2 XÃO ATES	13. WAS DECI	20778	10g. C	
1 Never Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade compo	FORCES? 1 TYES F YES, GIVE WAR OR D.	2 XÃO ATES	If yes, spe	ENDENT OF NISPANIC O		U.S.A.
(Specify only highest grade complete	N leted)			polity Cuban, Maxican, Po 2 NO Specify:	PRIGIN? (Specify Yes or No- serto Ricen, etc.)	14. RACE — American Indian, Black, White, etc. Specify: BLACK
Col	llege (1-4 or 5+)	16a. DECEDENT'S US (Give kind at work life. Do NOT use n	done during mos etired.)	N st of working	16b. KIND OF BUSINESS/	
17. FATHER'S NAME (First, Middle, Last)		50112	5110		First, Middle, Maiden Surname	•)
JOSEPH RAWLINGS 19a. INFORMANT'S NAME (Type/Print)		19h MAN ING AD	OBESS /Smed or		CALVERT Number, City or Town, State,	7in Codel
BERNARD HALL					RIVER, MD. 2	
20a. METHOD OF DISPOSITION 1 X Murist 2 Cremation 3 Removal f 4 Donation 6 Other (Specify)	rom State M	PLACE AND DATE OF C	DISPOSITION (Nat	me of	OATE 20c, LOCATION	- City or Town, State THIAN, MD.
21. SIGNATURE OF FUNERAL SERVICE LICENSE	Reese		REESE	& SONS MO EST ST. AN	RTUARY, P.A.	. 21401
23. PART I. Enter the diseases, or comp shock, or heart fellure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	My Ce	the deeth. Do not ech line. A died I			cardiec or reapiratory	Approximete Interval Betwonset end D
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):				
PART II. Other algorificent conditions con	ntributing to death b	ut not resulting in t	he underlying	ceuse given in Pari	24a. WAS AN AUTOPS PERFORMEO? 1 YES 2 NO	AVAILABLE PRIOR TO
	SPITAL:	0	26, PL	ACE OF DEATH (Check of	nly one)	
1 VES 2 NO 1	Inpatient 2 ER/Outp 28s. DATE OF INJURY	28b. TIME O	F 28c. INJU	5 1 Rasidenca 6 □ JRY AT 284	Other (Specify) 1. DESCRIBE HOW INJURY O	OCCURED
1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28s. PLACE OF INJURY	At home, farm, street	M 1 🗆 Y	ES 2 NO	LOCATION (Street and Num	ober or Rural Route Number,
4 Homicide determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN:	To the best of my know		t the time, data :	and place, and due to ti	City or Town, State) ne cause(s) end manner es s	stated.
one) 2 MEDICAL EXAMINER: On	the basis of examination	n and/or investigation, i	n my opinion, de	eth occured at the time	, data and place, and due to	o the cause(s) and manner es state
296. SIGNATURE AND TITLE OF CERTIFIER), 63 m	haun	mi	D385	63 P	DATE SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO CON	MPLETEO CAUSE OF DE	ATN (ITEM 27) (Type, Pri	ne)	vd	at pive	, Hd. 20118



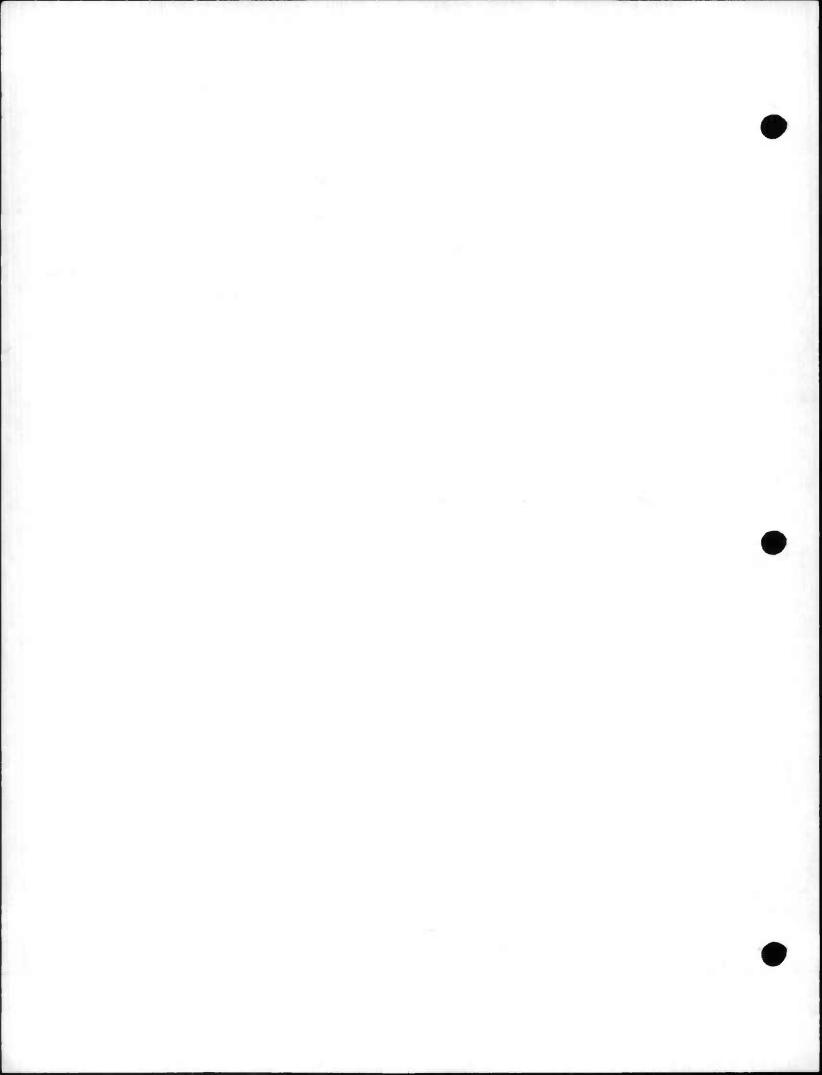
	FOR STATE REGISTRAR	SINIE UF MARTLA		ENT OF HEALTH AND	MENIAL HYGIEN REG. NO.	92-	29676		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
	Houry A. Y	Hamma SI	r.		MONTH DA	-			
	,		yrs. lest birthdey) F U	NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign		
	8a. FACILITY NAME (If not institution, give stre	1 M 2 F 92	THE DAYS HOURS MIN.	9 11	9c. COUNTY O	ast Berlin,			
TOR		eneral Hosp		Westminste		Carr			
DIRECTOR	10a. STATE 10b. COUNTY	roll	10c. CITY, TON	on or Location for the starting ster	104. INSIDE CITY LIMITS? 1 PYES 2 NO				
							F WHAT COUNTRY?		
IER/	725-Church	SA		2115	7		· S ·		
BE COMPLETED BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	8	ACE — American Indian, lack, White, etc. pecity: White		
	15. DECEDENT'S EDUCA		ISO. DECEDENT'S USUA		16b. KIND OF BUS	I INESS/INDUSTR	Y		
	(Specify only highest grade or Elementary/Secondary (0-12)	ompleted) Coflege (1-4 or 5+)	(Give kind of work dile. Do NOT use retir						
			I di.						
	17. FATHER'S NAME (First, Middle, Last)			Marsz	AME (First, Middle, Maiden Ellen Rho	Surnama) deffer			
	Curtis Hamme 190. INFORMANT'S NAME (Type/Print)		40h 444N P10 400	RESS (Street and Number or Rural					
10	Ella Mae Hamme			Church St.					
	20a. METHOD OF DISPOSITION 1 Description Burlet 2 Cremetton 3 Remov	ral from State cemete	LACE AND DATE OF DIS	ece)		CATION City o			
	4 Donation 5 Other (Specify)		k Rd. Ce			anover			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas D. Fletcher & Son F.1.57 254 E. Main St. Westminster, Md.								
	23. PART I. Enter the diseases, or co	mplications that caused t	the death. Do not a				Approximate		
	snock/ or neart failure. Li	st only one cause on aec	h line.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		atory arroad,	Interval Between		
d	IMMEDIATE CAUSE (Final disease or condition Death								
		disease or condition resulting in death) a. Respiratory Faulure DUE TO (OR IS A CONSCOUENCE OF): Myasthania CRAVIS							
		DUE TO (OR AS A C	CONSEQUENCE OF):	ayore			1 DAY		
z		DUE TO (OR AS A C Myasi	CONSEQUENCE OF):	PAVIS			2 months		
rion		DUE TO (OR AS A CO		PAVIS			2 months		
CATION	sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING			CRAVIS			2 months		
LIFICATION	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		ONSEQUENCE OF):	PAVIS			2 months		
ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C	ONSEQUENCE OF):	PAVIS			2 Months		
L CERTIFICATION	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):		1 Part I. 24a WAS AN	ALITOPRY	2 Meanths		
	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):		PERFOR	MED?	2 Ke and the same autopsy findings analable prior to completion of cause		
	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):			MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A C	ONSEQUENCE OF):		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF):	a underlying cause given in 25. PLACE OF DEATH (C	PERFOR 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): not resulting in the	25. PLACE OF DEATH (C. HER: Nursing Home 5 28. Residence	PERFOR 1 YES 2	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER-OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): not resulting in the	25. PLACE OF DEATH (C	PERFOR 1 VES 2 heck only one) 8 Other (Specify)	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER-OF DEATH	DUE TO (OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): not resulting in the left 3 DOA 4 DOA 4 DOA 4 DOA A DOA A DOA A DOA A DOA A DOA BOUNTY	25. PLACE OF DEATH (C. HER: Nursing Home 5 Residence 26. INJURY AT WORK? M 1 YES 2 NO	PERFOR 1 VES 2 heck only one) 8 Other (Specify)	PINO OCCURED	AMAILABLE PHOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED-OF DEATH 1 Netural 5 Pending Investigation 2 Accident Suicide 5 Could not be determined	DUE TO (OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): not resulting in the left 3 DOA 4 DOA 4 DOA 4 DOA A DOA A DOA A DOA A DOA A DOA DOA D	25. PLACE OF DEATH (CHER: Nursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO factory, office	PERFOR 1 VES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or lown, State)	MED? JNO MED? AND MED?	AMAILABLE PHOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED-OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 5 Could not be determined 29a. CERTIFIER Check only	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO CONTributing to death but HOSPITAL:	ONSEQUENCE OF): ONSEQUENCE OF): not resulting in the line of	25. PLACE OF DEATH (CHER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO fectory, office	PERFOR 1 VES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW II 26f. LOCATION (Street a City or lown, State)	MED? JURY OCCURED and Number or Rui ner as stated,	AMALABLE PHOR TO COMPLETION OF CAUSE OF DEATH? 1 □ YES 2 ☑ NO		
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEB-OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 5 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC). One) 2 MEDICAL EXAMINER:	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO CONTributing to death but HOSPITAL:	ONSEQUENCE OF): ONSEQUENCE OF): not resulting in the line of	25. PLACE OF DEATH (CHER: Nursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO fectory, office	PERFOR 1 YES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW II 26f. LOCATION (Street a City or lown, State) e to the cause(e) and man e lime, data and place, an	MED? INO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO rel Route Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED-OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 5 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO CONTRIBUTE OF INJURY (Morth, Day, Year) 28e. PLACE OF INJURY building, etc. (Specify, Dec. (Specify, Dec. (Specify)) AN: To the best of my knowled On the basis of axaminstion a	ONSEQUENCE OF): ONSEQUENCE OF): not resulting in the line of	25. PLACE OF DEATH /C HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO fectory, office	PERFOR 1 VES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or lown, State) e to the cause(s) and man a lime, data and place, an	MED? JURY OCCURED and Number or Rui ner as stated, d dus to the caur	AMALABLE PHOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO Part Route Number,		
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEB-OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 5 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC). One) 2 MEDICAL EXAMINER:	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO CONTRIBUTE OF INJURY (Morth, Day, Year) 28e. PLACE OF INJURY building, etc. (Specify, Dec. (Specify, Dec. (Specify)) AN: To the best of my knowled On the basis of axaminstion a	ONSEQUENCE OF): ONSEQUENCE OF): onsequence of): ont resulting in the lent 3 DOA 4 DOA 28b. TIME OF INJURY At home, farm, street, or and/or investigation, in in H (ITEM 27) (Type, Pring) CESTAL (LIGHTO	25. PLACE OF DEATH /C HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO fectory, office	PERFOR 1 VES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or lown, State) e to the cause(s) and man a lime, data and place, an	MED? JURY OCCURED and Number or Rui ner as stated, d dus to the caur	AMALABLE PHOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO Part Route Number,		

the state of the state of

BALTIMORE, MARYLAND 21215-0020	TO AN THE SECOND THE TERM OF THE CASE OF THE SECOND AND THE SECOND SECON	and the manufacture of the strength of physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the page of the page 1, 2, 3 should be seen and the page 1, 2, 3 should be seen as the burial-transit permit. Pages 1, 2, 3 should be seen as the burial-transit permit.	medical examiner must be notified at once.
DIVISION OF STAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICAN TIPLES TO INSIDE SHIP CHIRCGIE DE executed within 24 n	TO THE FUNERAL DIRECTOR. Also that confedence has been aloned by the amending physician and completely filled in by the fa be filed with 72 hours the death with these Day of Health and Mortal Hollings prior to burial, cremation, or removal	is marked, or item 23 show

	FOR 1 - STATE REGISTRAR	STATE OF M			MENT OF H	EALTH AND	MENTAL	HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	1.00	1/100	du /			2. DATE (OF DEATH		YEAR 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER									PLACE (State or Foreign	
	201-54-4008	54-4008 1 M 2 X F 27 YRS. MONTHS DAYS HOURS MIN.				-	(Month, Day, Year) July 10, 1965 Pa.			y)	
~	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									EATH	
20	Carroll County Hospital				Westmin	ster		Carroll			
DIRECTOR		Carroll		CHIP	town or local	TION					10d. thside city LIMITS? 1X YES 2 NO
FUNERAL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CIT	ZEN OF Y	WHAT COUNTRY?
N.	Shiloh					21074				USA	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 K		If yes, sp	ENDENT OF HISPA ecify Cuban, Maxic 2 NO Speci	an, Puerto R		a or No—	14. RACE Bleck Speci	- American Indian, i, White, atc. fy: White
E	15. DECEDENT'S EDUC (Specify only highest grade				SUAL OCCUPATION TO		16b.	KIND OF BU	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +	Ilfe	Housewi	retired.)						
O	17. FATHER'S NAME (First, Middle, Last)	···		TIDUSEW.	те	18. MOTHER'S N	AME (First, M	Home liddle, Meiden	Sumame)		
BE C		David Car	roll Kind	ſ		Rosalie					
	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DDRESS (Street a	nd Number or Rural				Code)	
2	Rosalie B. Long			626 Fre	derick S	t., Hanove	er, Pa	17	331		
	Rosalie B. Long 626 Frederick St., Hanover, Pa 17331 20e. METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Removal from State Commetey, cramatory or other place) 4 Donation 8 Other (Specify) Part 20c. Location — City or Town, State Rest Haven Cemetery 10/13/92 Hanover, Pa										
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 1000 1.	aver a		ID ADDRESS OF FA	ACILITY	94 IIa	nover,	ra	
	> Stem C	Elin			Eline F	uneral Hon	ne 934	S. Ma	in St.	, Ham	pstead,Md21074
	23. PART I. Enter the diseases, or cahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceus	ceused the de ie on each line betic or as a conse).			ch aa card	ac or reap	fratory ar	reat,	Approximata Interval Batween Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	DUE TO (OR AS A CONSE	OUENCE OF):	ellitu	5					
MEDICAL	PART II. Other eignificant conditions contributing to deeth but not a survey of the conditions contributing to deeth but not a survey of the conditions contributing to deeth but not a survey of the conditions contributing to deeth but not a survey of the conditions contributing to deeth but not a survey of the conditions contributing to deeth but not a survey of the conditions contributing to deeth but not a survey of the conditions contributing to deeth but not a survey of the conditions contributing to deeth but not a survey of the conditions contributing to deeth but not a survey of the conditions contributing to deeth but not a survey of the conditions contributing to deeth but not a survey of the conditions contributing to deeth but not a survey of the conditions contributing to deeth but not a survey of the conditions contributing to deeth but not a survey of the conditions contributing to deeth but not a survey of the conditions contributing to deeth but not a survey of the conditions condi				the underlying	g Ceuse given in	Part I.	24a. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Z											
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	was Totalism	-+0	28. PL	ACE OF DEATH (C	heck only one)			
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I		POOA 4	☐ Nursing Hom		8 ☐ Other (Specify) 28d. DE\$CRIBE NOW INJURY OCCURED				
0	1 Natural 5 Pending	(Month, Da	y, Ybar)	28b. TIME (Y WO	RK? 'ES 2 NO	28d. DEŞ	HIBE NOW I	NJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF building, e	INJURY — At ho	me, farm, street, factory, offica			281, LOCATION (Street and Number or Rural Route Number, City or Town, State)			oute Number,	
COMPLET	20a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of s									and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBE			48ER 29d. DATE SIGNED (A			
BE	Willin C	lon	yen	20		1)35	974	_	•	10/	12/92
ш	30. NAME AND ADDRESS OF PERSON WHO William Co	O COMPLETED CAUSE	E OF DEATH (ITE	M 27) (70)	ack n	1235 kk Rd	974 He	im sc	+	2 4	12/92 Md 21074

		1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIEN			
23.0		1. DECEDENT'S NAME (First, Middle, Last,	The Control of the Co					AY YE		
0 14		BRITTNEY Mid		HINTON E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	/ 1992	8:52 P M	
Inti-		219-33-2178	1 🗆 M 2 😿 F	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	0	ountry) istricColumbi:	
Should		9s. FACILITY NAME (If not institution, give	street and number)			OR LOCATION OF D	EATH	9c. COUNTY	OF DEATN	
1, 2, 3	OT.	THE JOHNS HOP	KINS HOSPITA	L	BALTIMO	ORE CITY		BALTI	MORE	
sit permit. Pages	L DIRECTOR	Maryland Pri	nce George's	10c. CITY, TOWN OR LOCATION				10d, INSIDE CITY LIMITS?		
		160. STREET AND NUMBER	ice George s		Clinton			10g. CITIZEN OF V		
	FUNERAL	6215 Den Lee Drive				20735		S.A.		
020 physician. burlal-transit	FUN	11. MARITAL STATUS 1 W Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No.— 14. I	RACE — American Indian, Black, White, etc.	
	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	R DATES 1 YES 2 NO Speed					Specify: White	
1215-0 r attending use as the	TED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	(Give kind of	USUAL OCCUPATE work done during me	ON ost of working	16b. KIND OF BU	SINESS/INDUST	TY .	
50	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	the Do NOT to						
the hos detach	COMPLET	17. FATHER'S NAME (First, Middle, Last)	-		Id	18. MOTNER'S NA	ME (First, Middle, Maiden	Sumame)		
3 B B 5	BEC	Alfred	ANDE			Suzanr			HINTON	
MAR retained 5 should	0	Ms. Suzanne Hint	ton				Acute Number, City or Tow Clinton, Ma			
may be or, page set be r		20a. METHOD OF DISPOSITION	1	ON PLACEAND DATE	OF DISPOSITION (N	ama of	OATE 200 10	CATION - City		
MOR age 6 ma, director, p		1 X Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	novar from State	Mount OLv	et Cemet	ery 9/	24/92 Fre	ederick	Maryland	
BALTIMORE, her death. Page 6 may be the funeral director, page val.		21. SIGNATURE OF FUNERAL SERVICE L	,00	,	Keene	ND ADDRESS OF FA	ord P.A. I	Funeral	Home	
		MO0706 106 East Church St., Frederick, MD 21701								
in 24 hours sly filled in lation, or re , the med		shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ventrica	each line.			as calculac or resp	wratory arrest,	Approximate interval Between Onset and Death	
N 8 5 - 6	z		4	1					11/2 hours	
5 10 - 6	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Myper Ec		NF):				111	
W 8 5 5 P	FIC	CAUSE (Disease or injury that initiated events	bue TO (OR AS A CONSEQUENCE OF):					12 homs		
O. 4 2 5 9	F	resulting in desth) LAST	. bronchop	nlm man	1 dys;	olasia	9 months			
RDS, F at the death by the atter and Mental y injury, o	_	PART II. Other algnificant condition			in the underlyin	g cause given in	Part i. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS	
_ B - B >	MEDICA	multiple congeni	tal anomalie	S .			PERFO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
L RECOR law requires that as been signed by bept. of Health an 23 shows any									1 - YES 2 NO	
4 . 20	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T.		26. P	LACE OF DEATH (C)	neck anly one)			
The The State h	rsic	EXAMINER?	HOSPITAL:	utpatient 3 DOA	OTHER: 4 - Nursing Hon	ne 5 🗆 Residence	6 Other (Specify)			
OF THE	ву РН	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation) IN	M 1	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE NOW	INJURY OCCURE	D	
S and the second		3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At h building, etc. (Specify)			street, factory, offic	:0	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
7 10 =	COMPLETED		SICIAN: To the best of my known of the basis of axaminat						use(s) and manner se stated.	
TO THE HOSPITAL TO THE FUNERAL DE filed within 72	TO BE	29b. SIGNATURE AND TITLE OF CEBIH	- Just			29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)	
		30. NAME AND ADDRESS OF PERSON W		OEATN (ITEM 27) (Type	a, Print)					
_		31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SK							
		7 1 18 SER2 8 19	92 Julia David	dson-Randal	2					



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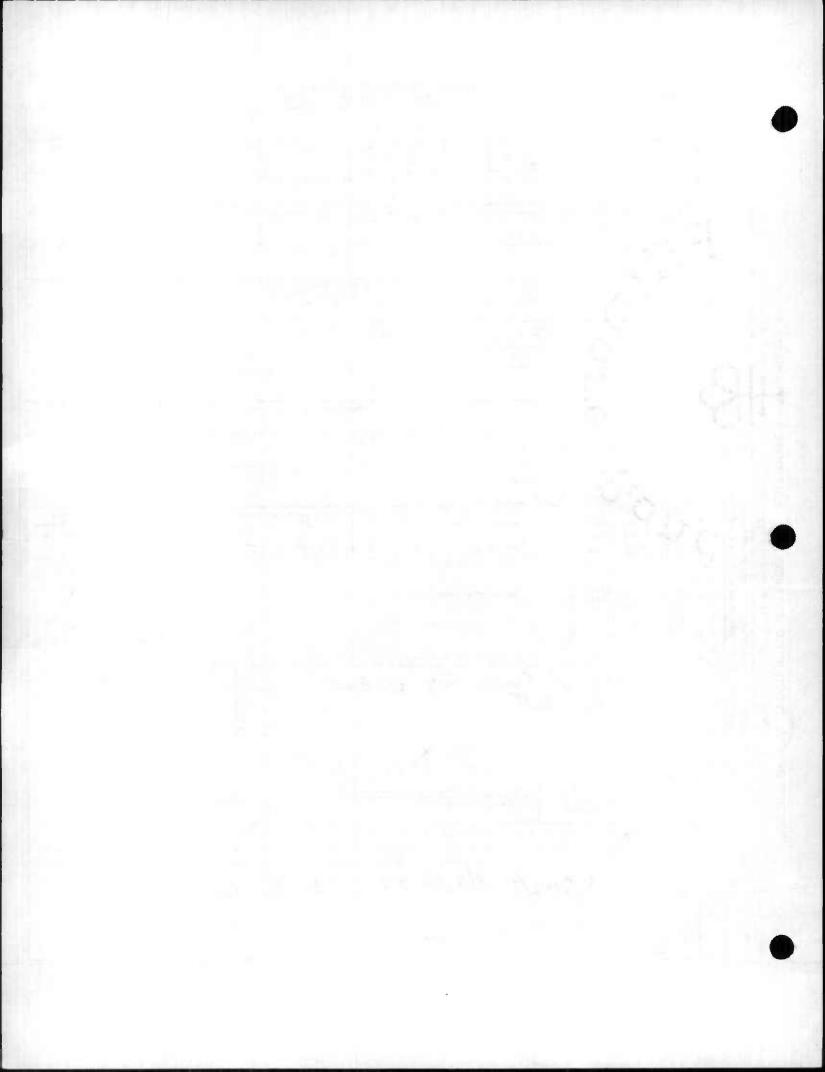
TO THE MOSPITAL OR ATTENDING PHYSICIAN: Decide requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been planted by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriar-transit nermit. Pages 1, 2, 3 should	th Star Direct mitted Montal Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item and injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the des	TO THE FUNERAL DIRECTOR: After this certifier has been signed by the at	be filed within 72 hours after death with the State Dept, of Health and Ment	IMPORTANT: If them 28 is marked, or them 21 shows any injury,

1. DECEDENT'S NAME (First, Middle, Last)	Miria	m Esthe	er H	loover		2. DATE OF DEAT	9/18	92 YEAR	3. TIME OF DEATH 2330
4. SOCIAL SECURITY NUMBER 577-28-5270	5, SEX	8. AGE (In yrs. let 70	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS	MA	1922	Count	HPLACE (State or Foreign
ea. FACILITY NAME (# not institution, give street and number) Frederick Memorial Hospita				96. CITY, TOWN	or Location of		% county of DEATH Frederick		DEATH
RESIDENCE OF DECEDENT 104. STATE 10b. COUNT		0002002	T 40 - 007	Y. TOWH OR LOCA					10d. INSIDE CITY
Maryland Frederick			10c. CI	Monre					
10s. STREET AND NUMBER					f. ZIP CODE		10g. CI	TIZEN OF	1 YES 2 NO
3900 Overlo					2177)		Ţ	JSA
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	RMED NO	If yes, sp	CENDENT OF HIS lecify Cuben, Mer 2 NO Spe	PANIC ORIGIN? (Specifican, Puerto Rican, etc. cily:	Yes or No—	14. RACI Blac Spec	E — American Indian, k, White, atc. sty: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION completed) College (1-4 or 5 +	(6	Sive kind of b. Do NOT u	usual occupati work done during me se retired.)	ON ost of working		166. KIND OF BUSINESS/INDUSTRY Own home		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refered.) Homemaker 17. FATHER'S NAME (First, Middle, Last) William Francis Zimmerman 16a. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use refered.) Homemaker Own home 16. MOTHER'S NAME (First, Middle, Maiden Surrame) Susan Marie Speiden									
19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4640 N.24th St., Arlington, Virginia 22207									
200. METHOD OF DISPOSITION 1.0 Burlet 2 Cremetton 3 Removal from State 4 Donetton 5 Other (Specify) 200. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremeter								own, State	
			Trep of	laven		7/44/74	T. I. ea	CT TOU	. Pict.
21. SIGNATURE OF FUNERAL SERVICE LI	Molesn	nth		22. NAME A O1:	nd Address of in L. M	paciety olesworth, re Rd. Da	P.A.	s. Ma	
21. SIGNATURE OF FUNERAL SERVICE LI 23. PART I. Enter the disesses, or shock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	Molesuccomplications that List only Dna cau a. Mese Due to b. Severo Due to c.	atherical sections of the control of	OUENCE O	22. NAME A OI: 260 not enter the more than t	nd Address of in L. M. 401 Rid, do of dying, s	paciety olesworth, re Rd. Da	P.A.	S, Mo	
21. SIGNATURE OF FUNERAL SERVICE LI 23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events	Molecular Complications that List only DNA Cau a. Mese DUE TO b. Sever DUE TO c. DUE TO d.	consection as a consection as	OUENCE O	22. NAME A OI. 260 not enter the mo	ND ADDRESS OF in I. M 401 Rid ade of dying, s	PACILITY Colesworth, See Rd., Da uch as cardiac or n Lacette August 1. 248. WAR	P.A.	S, Mo	Approximate Interval Betwonset and D 3 d 4
21. SIGNATURE OF FUNERAL SERVICE LI 23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Hyper Leave 22. WAS CASE REFERRED TO MEDICAL EXAMINER?	Molecular Complications that List only pna cau a. Mese DUE TO b. Sever DUE TO c. DUE TO d	t caused the dese on each line A ten consecutive (OR AS A CONSECUTIVE (ouence o	22. NAME A OI. 26. PI OTHER:	ND ADDRESS OF IN I. M. 401 Rid, do of dyling, s	In Part I. 24a. WAL PER 1 YE	P.A. Imascu aspiratory a AN AUTOPS' FORMED?	S, Mo	Approximate Interval Betwonset and D 3 d 4 Section 19 S
21. SIGNATURE OF FUNERAL SERVICE LI 23. PART I. Enter the disesses, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes NO 27. MANNER OF DEATH Netural 5 Pending Investigation	Mospital: Mospital:	t caused the de	OUENCE O OUENCE	22. NAME A OI. 260 not enter the mo	ND ADDRESS OF IN I. M. HOL Rid Hold of dying, a could be	In Part I. 24e. WAL Check only one) 6 Other (Specify) 28d. DESCRIBE HO	P.A. Imascu Espiratory a AN AUTOPSY FORMED? S NO	24b	Approximate interval Betwonset and D 3 d 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
21. SIGNATURE OF FUNERAL SERVICE LI 23. PART I. Enter the disesses, or shock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH Natural 5 Pending	Complications that List only Dna cau a. Mese DUE TO b. Sever DUE TO c. DUE TO d	t caused the de	OUENCE O OUENCE	22. NAME A Ol. 26- not enter the mo 26- Pi: Fi: In the underlyin 26. Pi OTHER: 4 Nursing Horn EE OF 28c. IN. WC	ND ADDRESS OF IN I. M. HOL Rid Hold of dying, a could be	In Part I. 24a. WAR PEF Check only one)	P.A. IMASCU ESPIRATORY & SAN AUTOPSY FORMED? S NO OW INJURY OF	24b	Approximate interval Betwonset and D 3 d 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

. . . . dreserio .d. etc.

BALTIMORE, MARYLAND 21215-0020	I hours after death. Page 6 may be retained by the hospital or attending physician.	in community that peer regard by the annurung physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the second by the burial-transit permit. Pages 1, 2, 3 should the second by the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	s medical examiner must be notified at once.
DIVISION OF WITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICALE THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE HOSPITAL OR ATTENDING PHYSICAL OF ATTENDI	TO THE FUNERAL DIRECTOR: After this centificate has been sooned by the annual grows physician and completely filled in by the file be filed within 72 hours after death with the Star Council file and Manta incline prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)	Lerry	Hus	e		2. DATE OF DEATH	9/92	year 3. TIME OF DEATH 336 M	
	4. SOCIAL SECURITY NUMBER 219-05-2943 8e. FACILITY NAME (If not institution, give str	5. SEX 1- M 2 F 80 YRS. MONTHS DAYS 1 Set birthday) 1 F UNDER 1 YEAR 1 PARS 1 P			IF UNDER 24 HRS. HOURS MIN. P LOCATION OF D				
TOR	Frederick Memor	iial Hospital		Frede	rick		Fred	Frederick	
FUNERAL DIRECTOR		10b. COUNTY			ON		10d. INSIDE CITY LIMITS? 1) YES 2 NO		
ERAL	100. STREET AND NUMBER 200 Appleton Pl,				101. ZIP CODE 21702			USA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED			NDENT OF NISPA city Cuben, Mexic 2 NO Speci	NIC ORIGIN? (Specify an, Puerto Rican, etc.) lly:	Yea or No- 14	4. RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of won life. Do NOT use n	k done during mos	N t of working		BUSINESS/INDUS	Memorial Hosp	
BE CON	17. FATHER'S NAME (First, Middle, Last) John L. Hughes			Grace	ame (First, Middle, Maid Hughes	den Surname)			
10	Shirley Ford							oon) Apt 114 k, MD 21702	
	1 (V Burlal 2 Cremetton 3 Remo 4 Donatton 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	wel from State cemet RC		Memoria 22. NAME ANI Stauf P.O. 1	Carder Cappress of Fi Ser Fund Box 1819	159/22/92 Pral Homes Freder	s, PA ick, MD	ick, MD	
	IMMEDIATE CAUSE (Final	DUE TO (OR AS A C	h Ilne.				epiratory arres	it, Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C							
MEDICAL	PART II. Other algorificant conditions HISTORY OF	contributing to deeth but - PULMONA DVT	not resulting in	the underlying	ceuse given in	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA		HOSPITAL:	/ 0	26. PLA	CE OF DEATH (C)	neck only one)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 ER/Outpeti	28b. TIME O	OF 28c. INJU Y WOR	RY AT	Residence 8 Other (Specify) 28d. DE\$CRIBE NOW INJURY OCCURED			
	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide datermined	28s, PLACE OF INJURY — building, etc. (Specify	A1 home, ferm, stre				reet and Number or Rural Route Number, tate)		
COMPLETED		IAN: To the best of my knowled : On the basis of examination a						cause(s) and menner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WHO	m.A. Vita	allo MI		D27	5 44)	29d, DATE S	19192	
	31. DATE FILED (Month, Day, Noer) SEP 4 5 1992	32. REGISTRAR'S SIDNAT							



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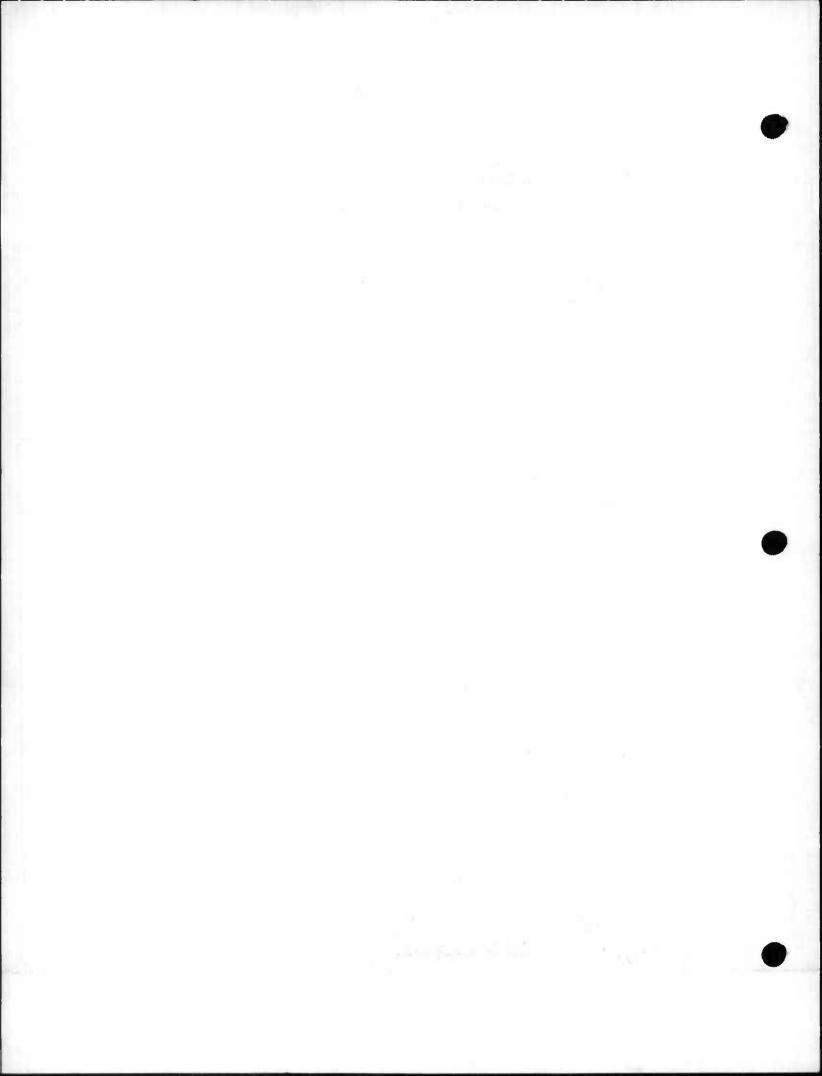
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHENCIAL THE COMMENT THE GOAD COMPLETE BE EXECUTED WITHIN 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the completely filled in by the funeration, or removal.

IMPORTANT: If Item 28 is marked, on them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE 0	F MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1.1		2. DATE OF DEATH MONTH DAY

	1 - FOR REGISTRAR	STATE OF MARYLAI	ND / DEPARTM			MENTAL HYGIE				
1	1. DECEDENT'S NAME (First, Middle, Last) Caroline A.	Harries				2. DATE OF DEATH MONTH	DAY YE			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign Dunity) ARYLAND		
TOR	Holy Cross	Hospital		_	r Spr			gonany		
DIRECTOR	10a. STATE 10b. COUNTY MONT	GOMERY		OWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	3000 McCon	nas Ave		101	200E	5	10g. CITIZEN	OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ACE — American Indian, Black, White, etc.								
COMPLETED										
ш	17. FATHER'S NAME (First, Middle, Lest) FREDERICK J	. HEBER			18. MOTHER'S NA KAT	ME (First, Middle, Maide HERINE	n Surname) LI	STMAN		
TO B	190. INFORMANT'S NAME (Type/Print) RICHARD A. HARR	IES, JR				House Number, City or To WHEATON,		0906		
	20g. METHOD OF DISPOSITION 1	rel from State cemete	LACEAND DATE OF D bry, crematory or other Johns I	isposition (Ne plece) Luth.	ch. Ce	DATE 20c. L	ocation — chy o 2 Pfei	ffers Corner		
	21. SIGNATURE OF FUNERIAL SERVICE LICE	Bigler	,	254 (carroll	Takom St NW W	ashing	ral Home ton, DC 2001		
	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition	mplications that caused to at only one pause on eac	he death. Do not hillne.		de of dying, suc	h as cardiac or res	piratory arrest,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	DY J	m	+ in	fection		170-9		
MEDICAL	PART II. Other significant conditions At La valla of c unga.	contributing to death but Corcho V	not resulting in the	ne underlying	cause given in	Part I. 24a, WAS A PERFC	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS MAULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:		HOSPITAL:		THER:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)				
PHY	27. MANNER OF DEATH 1 Metural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. fNJ WO		28d, DESCRIBE HOW	INJURY OCCURE			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree			28f. LOCATION (Street City or Yown, State		ral Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI. 2 MEDICAL EXAMINER:	AN: To the best of my knowled On the basis of exemination a	ge, death occurred at	the time, date	and place, and due	to the cause(s) and m	enner as stated,	se(s) and manner as stated,		
BE	29k-SIGNATUSE AND TITLE OF CERTIFIER	Chah	9 400		29c LICENSE NUI			NED (Month, Day, Year)		
10	MONTON ALTICH				orta Do	. Silver	Spri	j. 13/20902		
	31. DATE FILED (Month, Day, Year)	Sulia Savidan								

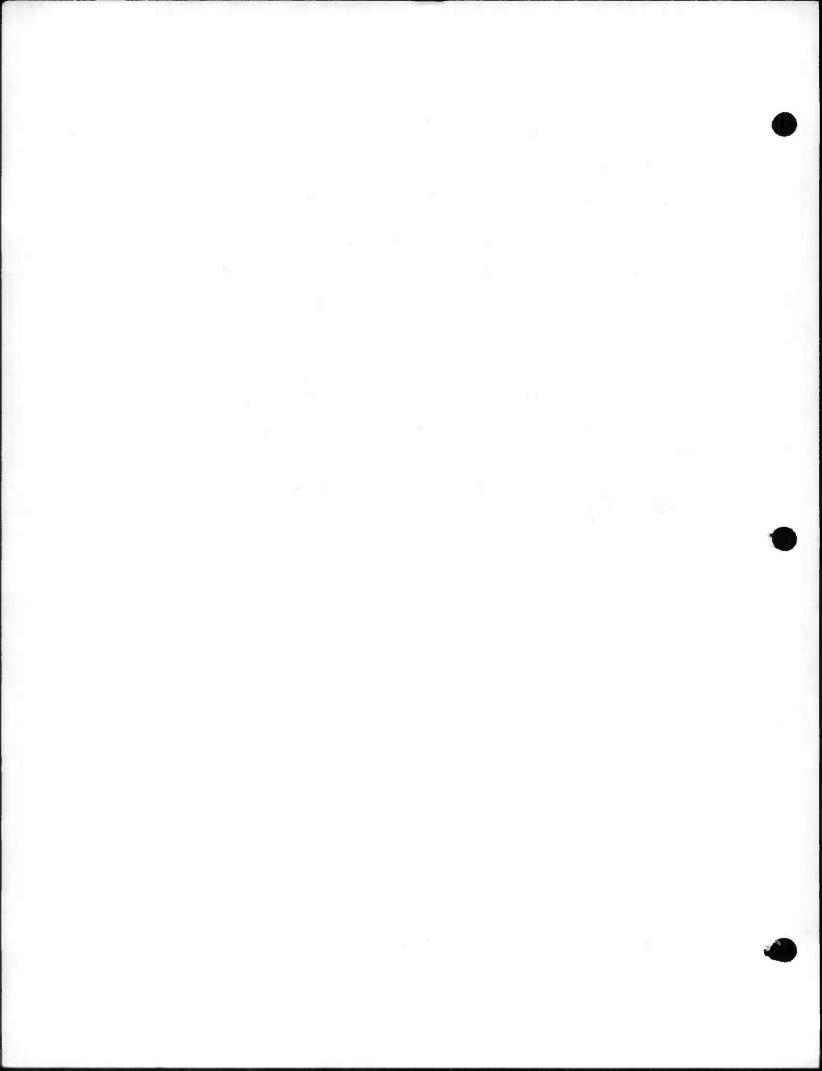


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146	The many so that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	Degs. or Health and Mental Hygiene prior to burial, cremation, or removal.	ne medical examinar must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSIC AND THE PROPERTY OF STATE THE DESCRIPTION OF THE HOSPITAL OR ATTENDING PHYSIC AND THE HOSPITAL OR ATTENDING PHYSIC AND THE HOSPITAL OR ATTENDING PHYSIC AND THE PHYSI	TO THE FUNERAL DIRECTOR: After this centricals to the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last) Leon E.	Hall	33		2. DATE OF DEATH MONTH 9-20-92	Y YEAF	3. TIME OF DEATH 1:22 a. M
4. SOCIAL SECURITY NUMBER 164-10-7201	5. SEX 6. AGE (UNDER 1 YEAR F UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-10-194	8. Bif Co	RTNPLACE (State or Foreign untry)
90. FACILITY NAME (If not institution, give s Edw. W.McCready M			Crisfield		9c. COUNTY O	roeath nerset
RESIDENCE OF DECEDENT 10a. STATE 10b. COUND	omerset	/	OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 3580 FOEE	. 01	-77	101. ZIP CODE 2.181	7	10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF NISP If yes, specify Cuben, Mexi 1 YES 2 NO Spec	ANIC ORIGIN? (Specify Yee can, Puarto Rican, etc.)	8	ACE — American Indian, lack, White, etc. Black Black
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Iffe. Do NOT use re	done during most of working	CEN		Y
17. FATHER'S NAME (First, Middle, Last)	HALL		18. MOTHER'S I	NAME (First, Middle, Malden	19hAn	1
SETTY G.	4411	3531	FREE Jom	Rd. LAWSO	nin me	. 21817
20 METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE FUNERAL SEBVICE LIG	oval from State	other place)	ON (Name of cometer); cremetory of CFM, ~9- 22. NAME AND ADDRESS OF	26-92 MH	FYIOH	md.
Huelby !	· land	78	Anthony War			
23. PARTI. Enter the dieastes, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A Crute DUE TO (OR AS A		il Piface	tion		Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST	с	CONSEQUENCE OF):				
PART II. Other significant condition	e contributing to death b	ut not resulting in	the underlying cause given	In Part I. 24s. WAS AN PERFOR	AMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	Nursing Home 5 Residence OF 28c, INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	0
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	— At home, farm, stre	et, factory, office	281. LOCATION (Street City or Town, State)		ral Route Number
(Orleck Orlly			at the time, data and place, and o			se(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE APPLIED 30. NAME AND ADDRESS OF PERSON WI	and	ATN (ITEM 27) (Targe D	29c. LICENSE N	1987	29d. DATE SIG	NED (Morith, Day, Year)
DR. ALBERT	G. DACANA	y McC	nearly momen.	al \$60p.	Custo	ild 40 21843
31. DATE FILED (Month, Day, Year) SEP 2 3 92	Julia David	Son Randose			0	/.



wine by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page arms TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

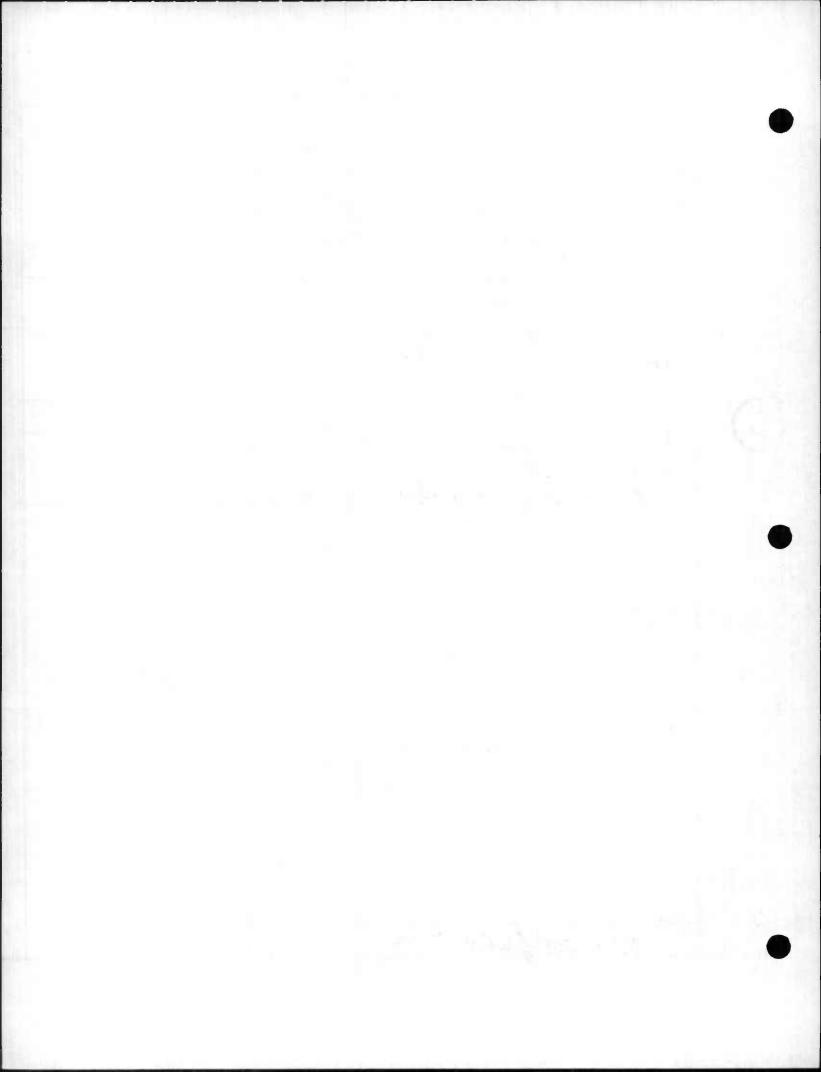
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be a state of the contraction. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

filled at once.

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICALE	OF DEA	I H	REG	NO.				
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH		
ELSIE ELIZABE						10	11	1992	10:07 pm		
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1	YEAR IF UNDER	R 24 HRS.	7. DATE OF BIRTY (Month, Day, Ve	H er)	S. BIRTH Countr	IPLACE (State or Foreign		
	220-30-8307 1□ M 2 😡 F 88 YRS.						12/28/03 MD				
9a. FACILITY NAME (If not institution, give a	street and number)		96. CITY, T	OWN OR LOCAT	ON OF DE	ATH	9c. COI	INTY OF D	EATH		
Sacred Heart Host RESIDENCE OF DECEDENT 100. STATE 100. COUNT WV M:	pital		Cumberland					Alleg	any		
RESIDENCE OF DECEDENT 100. STATE 100. COUNT	v	1 40 . 000	r, TOWN OR								
WV		ioc. Cit							10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	Mineral										
D+ 2 how 3/6/	IN. 21 COLE										
7	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxicen, Puerto Ricen, etc.) 14. RANGE PROCES? 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxicen, Puerto Ricen, etc.)							USA			
								14. RACE Black	E — American Indian, c, White, etc.		
3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	ATESA	. 1 (YES 2 NO	Specify.			Speci	White		
15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S	USUAL OCC	TIPATION		16h KIND O	F BUSINESS/IN	DURTEY	WILLE		
(Specify only highest grade	completed)	(Give kind of w	work doon due	ring most of worki	ng	IOD, KIND O	r BUSINESS/IN	DUSTRI			
Elementary/Secondary (0-12)	College (1-4 or 5+)							-			
Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	iA.	sitte	31.	18 MOT	HER'S NA	AE (First, Middle, M	or elde	riv			
						aret Mc					
O TOO INFOOMANT'S NAME (Too Over)		195 MAII ING	ADDRESS /	Street and Numbe		oute Number, City of		in Carlol			
Mr. Douglas M.	Haan					geley, W					
20a. METHOD OF DISPOSITION		PLACEANDDATEC			KLCK		c. LOCATION -		- Otata		
1 St Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	lillcrest	her place)	al Dawl		10-14	Cumbe				
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	illiciest		ME AND ADDRE			Culibe	EL Laur	u, PD		
▶ ()a.	7 1/2-	11.	5	Scarpel.	li Fu	neral H	ome				
Jumes -	Fylcar	selle	('mberl	and.	MD 2150	2				
23. PART . Enter the diseases, prehock, prheart fellure.	Complications that cause on e	d the deeth. Dp n ech line.	Dt enter th	ne mode of dy	ing, such	as cardiac or	reapiratory a	rreal,	Approximate interval Between		
IMMEDIATE CAUSE (Final	A	A	4 ^						Onset and Death		
disease or condition resulting in death)	a. Coronary of DUE TO CORIAS A	interry	dure	are					yours		
	DUE TO (OR AS A	CONSECUENCE OF	7:						7		
Sequentially list conditions,	b										
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	7:								
CAUSE (Disease Dr Injury	C	CONSEQUENCE OF									
that initiated events resulting in death) LAST		OUNDEDDERIOE OF	,.								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d								- 		
	ns contributing to deeth b	ut not resulting i	n the unde	erlying cause	given in l	Part I. 24s. W	S AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
PART II. Other aignificant condition							ES 24 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE		
									OF DEATH? 1 YES 2 NO		
ž						_					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH				25. PLACE OF D	EATH (Che	ck only one)					
1 UYES 2 DATO	HOSPITAL: 1 Inputient 2 ER/Outp	estient 3 DOA	OTHER:	g Home 5 🗆 R	esidence (Other (Specify)				
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 21	8c. INJURY AT WORK?		28d. DESCRIBE H	OW INJURY OC	CURED			
1 Natural 5 Pending 2 Accident Investigation	(worth, buy, rour)			1 YES 2	NO						
	26a. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	treat, factor)	y, office		28r. LOCATION (S	treet and Numbe	r or Rumi F	loute Number,		
LI 4 Homicide determined	burnang, etc. (open	ary)				City or Town,	State)				
29e. CERTIFIER 1 CERTIFYINO PHYSI (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my know	ledge, death occurre	d at the time	e date and place	and due t	in the causels) en	d menner en etc	ate of			
one) 2 MEDICAL EXAMINE	R: On the beels of examination								and manner as stated		
290. SIGNATURE AND TITLE OF CERTIFIE	1 Hhad	2m-			ENSE NUM		29d. DA	SIGNED	(Mofith, Day, Year)		
30. NAME AND ADDRESS OF PERSON WH	1104			- /	1332	50		10/13	192		
30, NAME AND ADDRESS OF PERSON WIL	O COMPLETED CALLE OF DE	ATH /ITEM 97 /E	Drint1								
	-		,	hasla	MD	21502					
	JHMB Suite 32. SEGISTRAR'S SIGN.	#101, 0	,	rland	, MD	21502					



FOR STATE REGISTRAR

Carroll

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL	
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579 52 8273 1 M 2 - F Feb. 10,19 be detached for use as the burial-transit permit. Pages 1, 2, 3 should Bs. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH DIRECTOR Bethesda Nursing Center BETHESDA RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MONT BETHESDA FUNERAL 10e. STREET AND NUMBER 10f 7IP CODE 5112 BROOKVIEW DRIVE 20816 by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TO YES 2 NO IF YES, GIVE WAR OR DATES WW II 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or if yea, specify Cuban, Maxican, Puerto Rican, etc.)
 T YES 2 NO Specify: RYLAND 21215-0020 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSIN (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Lt. Col. U. once. 17. FATHER'S NAME (First, Middle, Leet) 18. MOTNER'S NAME (First, Middle, Maiden Su H CHARLES D. HICKMAN BE ANNIE MICHAEL notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 5 2 MARTHA S. HICKMAN SAME AS # 10 munt be 20s. METHOD OF DISPOSITION
1 ☐ Burlal 2 ☑ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCAT **MOUNT COMFORT CEMETERY 10/13/92 22. NAME AND ADDRESS OF FACILITY JOS GAWL: examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES executed within 24 hours after death. 5130 WI AVE NW WASHING cremation, or removal. medicai 23. PART I. Eleter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdisc or respirate shock, or heart feiture. List only one couse on each line. **IMMEDIATE CAUSE (Finel** the disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) injury, or other traumatic event, and c. " with metastatec disease Cancer ralen CERTIFICATION pue Sequentially list conditions, prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEDUENCE OF): physician 8 certificate the attending physical difference of Mental Hygiene p DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AU Health and 23 shows any 1 | YES 2 | Happenlensia this certificate has been with the State Dept. of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 26. PLACE OF DEATN (Check only one) OTHER 1 YES 2 70 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 6 27. MANNER-OF DEATN 28a. DATE OF INJURY (Month, Day, Year) marked, 28d. DESCRIBE NOW INJU 28b. TIME OF 28c. INJURY AT WORK? 1 Natural TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After th be filed within 72 hours after death w IMPORTANT: If Item 28 is mark 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY -- At home, term, street, fectory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and COMPLETED 8 Could not be determined 4 Nomicide 29e. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and manner 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and de 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 7 BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 15 Lee Musher Jonath 6121 31. DATE FILED (Month S. RESISTRAP'S SIGNATURE 92

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

Hickman

6. AGE (In yrs. last birthday)

92 29684

REG. NO.

12

2. DATE OF DEATH

10

7. DATE OF BIRTH

	92	9:00 A M
	8. BIRTH	IPLACE (State or Foreign y)
10	Dou	bs,MD.
e. COU	NTY OF D	
	MON'	т.
		10d. INSIDE CITY LIMITS?
		YES 2 NO
log. CIT		
No-	14. RACE	S.A. - American Indian, t, White, etc.
	Speci	lly:
UPLES		WHITE
ESS/INC	DUSTRY	
S.A	rmsr	
mame)	HIV	
State, Zip	Code)	
	City or To	wn, State
	VA.	
		INC.
	D.(3.
ory ar	reat,	Approximate interval Between
		Onset and Death
		minutes
		man /ts
TOPSY D? NO		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
RY OCC	CURED	
Number	or Rural R	oute Number,
as stat	ed.	
ue to th	e cause(e)	end manner ee stated.
d. DAT	SIGNED	(Month, Day, Year)
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BALTIMODE-MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

unial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Plan is many required by the attending physician and completely filled in by the funeral drift. Should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

										92	29605
	1 - STATE REGISTRAR	STATE OF A	MARYLAND /	DEPAR	RTMENT O	F HEALTH A	ND M	ENTAL HYGIEN			- 2000
	1. DECEDENT'S NAME (First, Middle, Last) Anna Estel	-	2. DATE OF DEATH	5	YEAR,	3. TIME OF DEATH					
9	4. SOCIAL SECURITY NUMBER 579 20 1539	5. SEX	6. AGE (In yrs. let	st birthday) YRS.	IF UNDER 1 YE		HRS.	7. DATE OF BIRTH (Month, Day, Year)	<i>a</i>	e. BIRTHP Wash	LACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give str WASHINGTON A RESIDENCE OF DECEDENT		T HOSP	ITA		oma	/ 1	TH /	9c. COU	OUT.	
DIRECTOR	10a. STATE 10b. COUNTY	IOMERY			Y, TOWN OR L		<u> </u>			T	10d. INSIDE CITY LIMITS?
	MD. MONTO	SOMERY		5	TLVER	SPRIN	G		40 000		1 YES 2 NO
HA	8436 121	- h 7/17/17				209	0.3			U.S.	AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	YES 2 2	IMED NO	If yes	DECENDENT OF H	IISPANIC fexicen,	ORIGIN? (Specify Yes Puerto Ricen, etc.)			- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		·) (G	ive kind of . Do NOT u	work done during the retired.)	y most of working		166. KIND OF BUS	SINESS/IND	USTRY	
Ö	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER	'S NAME	(First, Middle, Maiden	Sumame)		
BE	JULIUS			DER							'ERS
5	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SAME AS 10e										
	20a. METHOD OF DISPOSITION Date 20c. LOCATION - City or Town, 12									DRIA, VA.	
	23. PART i. Enter the disesses, or conshock, or heart failure. Limmediate CAUSE (Final disesse or condition resulting in death)	ist only one cay	esch ilne	an'	not enter the	mods of dying	such a	as cardisc or respi	ratory arr	oat,	Approximate Interval Between Onset and Death
TIFICATION	Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								Panc	A 5	
CERTIFI	CAUSE (Disease or injury that initiated eventa resulting in death) LAST C. DUE TO (OR AS A CONSCOUENCE OF): d										
PHYSICIAN: MEDICAL	PART ii. Other significent conditions	contributing to	deeth but not r	eaulting	in the underl	ying cause give	n in Pa	24a. WAS AN PERFOR	MED?	6	WERE AUTOPSY FINDINGS MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
SICIA		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	3. PLACE OF DEAT					
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, Da	INJURY	28b. TiM	E OF 28c.	INJURY AT WORK?	2	8d. DESCRIBE HOW IF	JURY OCC	URED	
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE O building,	F INJURY — At ho atc. (Specify)	me, larm, :	street, factory,	offica	2	81. LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	ite Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DOES 1 DESCRIPTION ON THE CONTROL OF THE CON										and menner ea stated.
BE	29b. SIGNATURE AND TITLE ON CERTIFIER		97		2	29c. LICEVS	E NUMBE	ER 2 /	29d. DATE	SIGNED I	Manth, Gry, Mer)

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TANO AOORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

14201 LAUREL, LAUREL PARK DR.,

A 31. DATE FILED (Morith, Day, Year)
OCT 13 '92

32. REGISTRAR'S SIGNATURE

Substitution of the second second

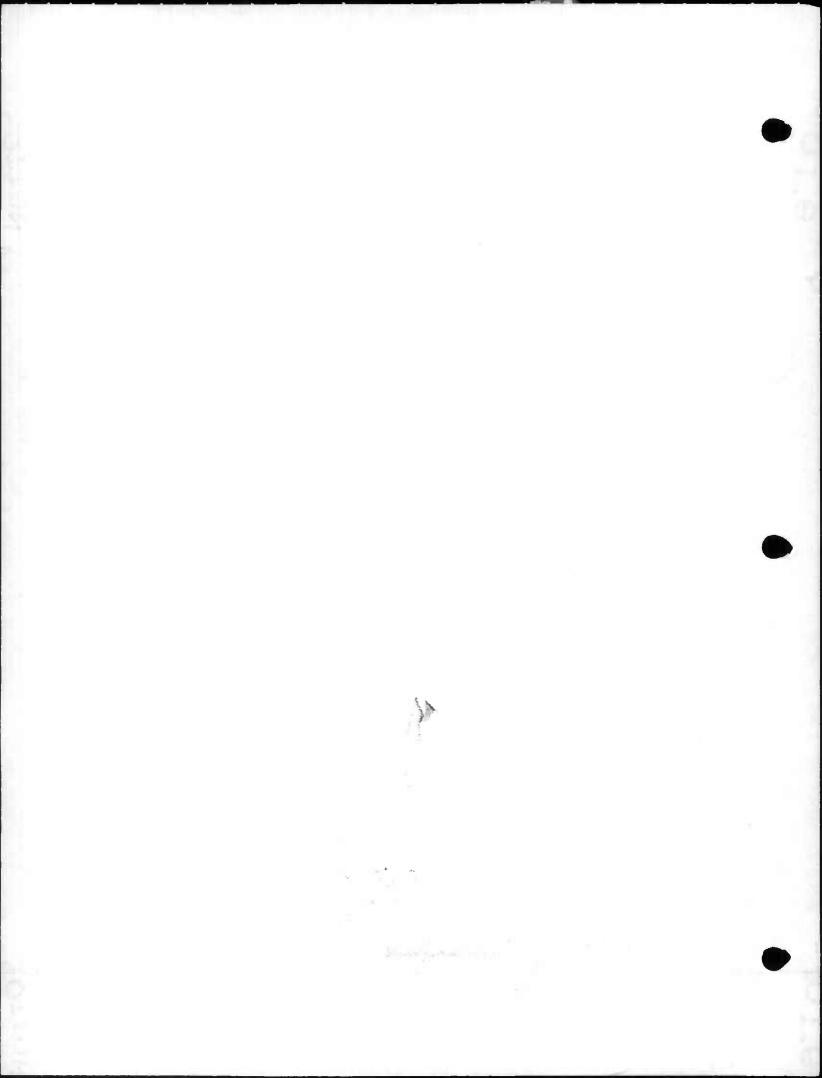
BALTIMORE, MARYL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by an TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be been been fined within 72 hours after death with the State Dept. of Health and Mental Hygiere prior to burial, cremation, or removal.

IMPORTANT: If them 28 is mention on item 23 shows any lintor, or only the transmitted the medical examiner must be medical.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

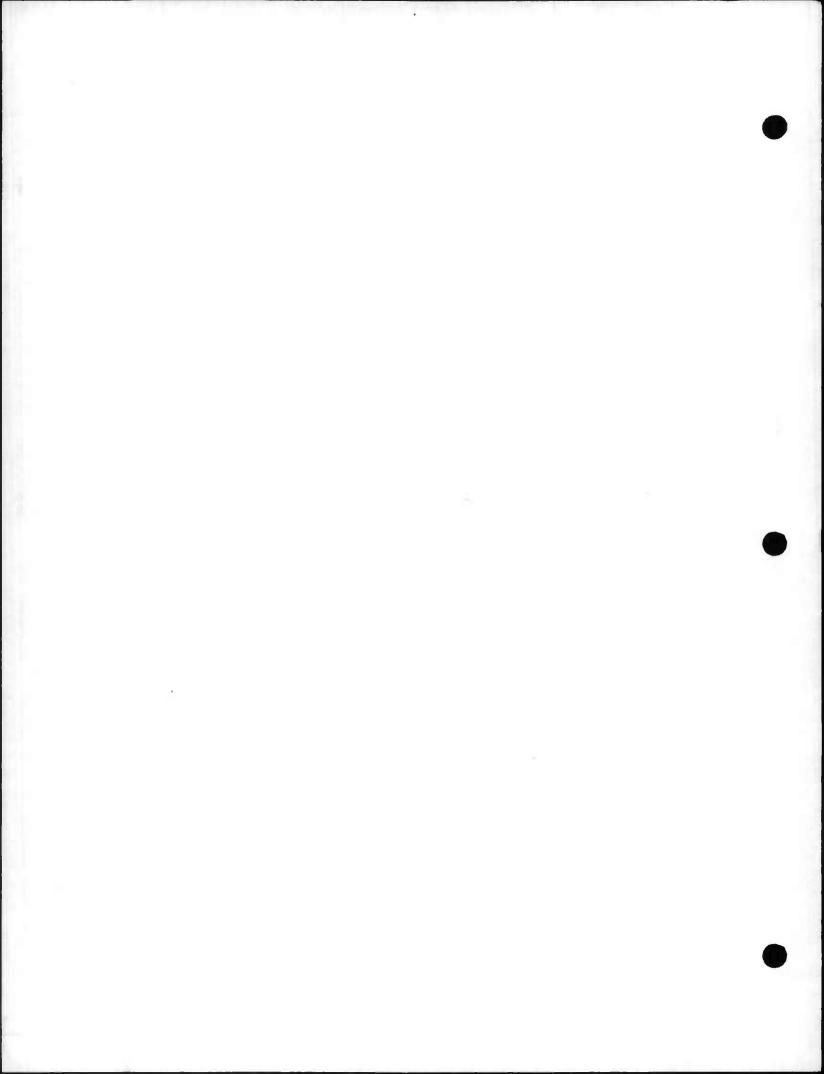
	1, DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH	
	Concepcion Concha Hernandez									
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	MRTHPLACE (State or Foreign		
	215-27-8498	3 1 □ M 2 1 F 78 YRS. MONTHS DAYS HOURS MIN. (Month, Day: Year) Aug. 12,							ountry) uatemala	
	9a. FACILITY NAME (If not institution, give	street end number)	. 1	9b. C	TY, TOWN C	R LOCATION OF DE		Sc. COUNTY	OF DEATH	
O.B.	Shady Grove A	IN Hospit	40		Roc	kville		Mont	gomery	
5	RESIDENCE OF DECEDENT	10-41								
DIRECTOR				10c. CITY, TOW					10d. INSIDE CITY LIMITS?	
									1 XXYES 2 □ NO	
A A	109. STREET AND NUMBER 109. CITIZEN OF WH 825 Quince Orchard Blvd., #23 109. CITIZEN OF WH 825 Quince Orchard Blvd., #23 109. CITIZEN OF WH 826 Quince Orchard Blvd., #23 109. CITIZEN OF WH 920 Guatemal 110. Marrial Status 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 109. CITIZEN OF WH 109. C									
N N										
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR	OR DATES		41	2□NO Specifi Guatemala			SpecMy: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION		CEDENT'S USUAL	OCCUPATIO	ON .	16b. KIND OF BUS	SINESS/INDUST		
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe.	ve kind of work do Do NOT use retire	ne during mo d.)	st of working				
N M	_	4		Teache	er		Educ	cation		
CON	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)		
BE	Arduro Herna	ındez				Marth	a Cuyun			
5	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow			
	Carmen DiBari		8	25 Quin	ce Or	chard Bl	.vd., #23,	Gaithe	rsburg, MD	
191	20a. METHOD OF DISPOSITION 1 TyBurial 2 Cremation 3 Rem	noval from State	cemetery, crei	ND DATE OF DISE	cel		DATE 20c. LO			
	4 Donation 5 Other (Specify)	Amuseus .	Gate	of Heav	en Ce	metery 1	.0 ₁ /8/92 Sil	ver Sp	ring, Maryland	
	21. SIGNAL GRE OF FUNERAL SERVICE LI	7 1/_	-		22. NAME AN	D a class of fa	Robert	A. Pum	phrey Funeral	
200	Mecheles	P. Trul		0340	Rockv	ille, Ma	rvland 20	0850 - 28	Montgomery Ave	
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that ca	on each line	ath. Do not en	ter the mo	de of dying, suc	h aa cardiac or respi	ratory arrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final	2	00	S.					Onset and Death	
2	disease or condition resulting in death)	. Kense	face	une.	,					
5		DUE TO (OR	A CONSEC	OUENCE OF):	-	. 0.		- ^-	0	
N N	Sequentially list conditions,	a Ossende	m D	cion or	, 6	Peu	alors,	man	ca.	
F	if any, leading to immediate cause. Enter UNDERLYING	WID	Est	usi ul	10	res'ruon	alons	gua	el	
문	CAUSE (Disease or Injury that initiated events	DUE/TO (OR	AS A CONSEC	YENCE OF):						
CERTIFICATION	resulting in death) LAST	& lang	rze 1	Source	- 2	chethe	al ossli	rdias	8.	
	DARK II ON THE MET AND THE		V							
MEDICAL	PART II. Other significent condition	as contributing to dec	ath but not n	esulting in the	underlying	Couse given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
ğ	-17/0000	NO C) Cu		y rockse	1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?	
							_		1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL									
i i	EXAMINER?	HOSPITAL:	No. eur	ОТН	IER:	ACE OF DEATH (Ch	_6579790			
	1 163 2 1 NO	1 Inpatient 2 - ER		26b, TIME OF	Nursing Hom 28c, INJ		8 Other (Specify) 28d. DESCRIBE HOW II	K II IBY OCCUP	in .	
5 ¥	27. MANNER OF DEATH	28a. DATE OF INJ		INJURY	WO	PK?	and, begoinger from the	NOON! OCCON		
PHYSICIAN:	1 Netural 5 Pending	28s. DATE OF INJ (Month, Day,)	rear)	M	1 1 1	YES 2 NO I				
20	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	JURY — Al hor	me, farm, atreet,		ES 2 NO	281. LOCATION (Street a	and Number or R	ural Floute Number,	
ED BY	1 Natural 5 Pending	(Month, Day, Y	JURY — Al hor	me, farm, atroot, i			281. LOCATION (Street a City or Town, State)	and Number or R	ural Floute Number,	
ETED BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	(Month, Day, Y 28e. PLACE OF IN building, etc.	IJURY — Al hoi (Specify)		factory, office		City or Town, State)		ural Route Number,	
ETED BY	1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFYING PHYS	28e. PLACE OF IN bullding, etc.	IJURY — Al hor (Specify)	oth occurred at the	factory, office	end place, and due	City or Town, State) to the cause(s) and mar	mer as stated.		
COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFVING PHYS	(Month, Dey, Y 28e. PLACE OF IN building, etc. IICIAN: To the best of my ER: On the basis of exami	IJURY — Al hor (Specify)	oth occurred at the	factory, office	end place, and due	City or Town, State) to the cause(s) and mar time, date and place, an	nner as stated.	use(e) and manner as stated.	
BE COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFYING PHYS	(Month, Dey, Y 28e. PLACE OF IN building, etc. IICIAN: To the best of my ER: On the basis of exami	IJURY — Al hor (Specify) knowledge, der ination end/or in	ath occurred at the	factory, office	end place, and due seth occured at the 29c. LICENSE NUM	City or Town, State) to the cause(s) and mar time, date and place, an	nner as stated.		
E COMPLETED BY	1 Netural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER 1 CERTIFVING PHYS 2 MEDICAL EXAMINI THIS SIGNATURE AND TITLE OF CERTIFIE	(Month, Dey, 1) 28e. PLACE OF IN building, etc. IICIAN: To the best of my ER: On the basis of exami	IJURY — Al hor (Specify) knowledge, de linsten end/or i	ath occurred at the investigation, in m	factory, office	end place, and due	City or Town, State) to the cause(s) and mar time, date and place, an	nner as stated.	use(e) and manner as stated.	
BE COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFVING PHYS	(Month, Dey, 1) 28e. PLACE OF IN building, etc. IICIAN: To the best of my ER: On the basis of exami	IJURY — Al hor (Specify) knowledge, de linsten end/or i	ath occurred at the investigation, in m	ne time, date ny opinion, d	end place, and due seth occured at the 29c. LICENSE NUM 22049	City or Town, State) to the cause(s) and mar time, date and place, an	nner as stated.	use(e) and manner as stated.	
BE COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER 1. CERTIFVING PHYS 2 MEDICAL EXAMINITIES AND ADDITION OF CERTIFIES AND ADDITION OF PERSON WITH A CL. ST. DATE FILED (Month, Par. Year)	28e. PLACE OF IN building, etc. 10CIAN: To the best of my ER: On the best of examinating the complete CAUSE C fill COMPLETED CAUSE C fill C f	IJURY — All hor (Specify) knowledge, de instion end/or instion end/or instinction end/or	nth occurred at the investigation, in an an an an an an an an an an an an an	ne time, date ny opinion, d	end place, and due seth occured at the 29c. LICENSE NUM	City or Town, State) to the cause(s) and mar time, date and place, an	nner as stated.	use(e) and manner as stated.	
BE COMPLETED BY	1 Netural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER 2 MEDICAL EXAMINI THE SIGNATURE AND TITLE OF CERTIFIE 3 NAME AND APPREEL OF PERSON WITH	28e. PLACE OF IN building, etc. ICIAN: To the best of my ER: On the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of the building of the best of the building of the best of the building of the best of the building of the bu	IJURY — All hor (Specify) knowledge, de instion end/or instion end/or instinction end/or	nth occurred at the investigation, in an an an an an an an an an an an an an	ne time, date ny opinion, d	end place, and due seth occured at the 29c. LICENSE NUM 22049	City or Town, State) to the cause(s) and mar time, date and place, an	nner as stated.	use(e) and manner as stated.	



		1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND F DEATH	ND MENTAL HYGIE REG. N			
	10	1. DECEDENT'S NAME (First, Middle, Last, MARIAN WOL!		йет	SKELL		2. DATE OF DEATH	DAY VI	3. TIME OF DEATH	
-		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEA	AR IF UNDER 24 H	ms. 7. DATE OF BIRTH	6, 199	BIRTHPLACE (State or Foreign	
2, 3 should		217-10-7856	1 □ M 2 (XF 83		MONTHS DAY	78 HOURS M	Manth Day Mand	200	Country) MARYLAND	
	ОВ	9e. FACILITY NAME (II not institution, give Memorial Hospital		enter		on LOCATION O	OF DEATH	Sc. COUNTY		
	ដូ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TV .	I to on	Y, TOWN OR LO	0471041				
permit. Pages	- DIRECTOR	MARYLAND ALI	LEGANY	100	LAVALE				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	FUNERAL	BRADDOCK FARM	15			101. ZIP CODE 215	0.2		S A	
21215-0020 al or attending physician. for use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	13. WAS	Yes or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE			
	ETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S	USUAL OCCUP work done during	ATION most of working	16b. KIND OF	BUSINESS/INDUST		
	APLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		CRETAR		TEXT	TLE/FI	BER	
LAND the hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Lest) BAIRD A. WO	OT EODD			ta. MOTHER:	S NAME (First, Middle, Maid			
	BE	BAIRD A. W(DLFORD	19b. MAJLING	ADDRESS (Stre		EL DAVI		08742	
ارتاع	5		SHAW						SANT, N.J.	
OR Some		20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rei 4 Donation 5 Other (Specify)		D. PLACE AND DATE			1 -	CIIMBER	CLAND, MD	
(ALTIMO death. Page 6 tuneral directs i.		21 SIGNATURE OF FUNERAL SERVICE L		TIBBORD	22. NAM	E AND ADDRESS O	OF FACILITY			
		* Oonexas	D Hafe	\sim	130	2 NATI	ONAL HWY	LAVALE	S MORTUARY MD 21502	
in 24 hours by filled in the sation, or res	#	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause . List only one cause on e	d the deeth. Do	lun	mode of dying,	such as cardiac or re-	spiratory arrest	Approximata Interval Between Onset and Death	
P.O. BOX 6876 Th certificate be executed ending physician and companying physician and companying or other traumatte or	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	A CONSEDUENCE O	F):				/	
OF VITAL RECORDS, F HYSICIAN: The law requires that the death his certificate has been signed by the atten with the State Dept. of Health and Mental ked, or Item 23 shows any Injury, (MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?								
ITAL I	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26	. PLACE OF DEATH	H (Check only one)			
CLAN: The sertificate the State	YSIG	1 TES 2 NO	HOSPITAL:	petient 3 DOA	OTHER:	iome 5 🗆 Reside	nce 8 - Other (Specify)			
	ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY	INJURY AT WORK?	28d. DEŞCRIBE HO	W INJURY OCCUR	ED	
S F F F S	ED	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, c	office	28f. LOCATION (Stre City or Town, Str		Rural Route Number,	
OR OUR OUT	COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	rledge, death occum	ed at the time, o	fate end place, and	I due to the cause(s) and r	manner as stated.		
SSPITAL INERAL Inin 72	NO.		ER: On the basis of examination						suse(a) and manner as stated.	
TO THE HOSPITAL. TO THE HOSPITAL. TO THE FUNERAL (Be filed within 72 h IMPORTANT: If II	O BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Elm n	M		29c, LICENSE D2540		29d, DATE SI	GNED (Morth, Day, Year) -6-92	
15	F	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE			rland. M	m 21502			

31. DATE FILED (MONTH, Day, 1801)
OCT 09 1992

Julia Sairdson-Randoll



31. DATE FILED (Month, Day, Year)

OCT 1 4 '92

O COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

MD 3 2 23 MAI

32. REGISTRAR'S SIGNATURE

Julia Savidson—Randare

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7 19	3	and and	-
20	Dec	5	-
20	Sign	lea	1
iequires that the death certificate be executed within 24 hours after beath. Fage o may be retained by the hospital of attending	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	in. of Health and Mental Hygiene prior to burial, cremation, or removal.	To allow the control of the control of the control of the control of the control of
	8	Ħ.	

н	1. DECEDENT'S NAME (First, Middle, Last)	T 1 .							2. DATE OF DEATH DAY	r _	YEAR	3. TIME OF DEATH	
ш	Betty Mahaley	5. SEX		. Vision Vis					10 13	1	992	IP	
ı	27 24 000-				IF UNDEI	DAYS	HOURS 2	4 HRS.	7. DATE OF BIRTH (Morith, Day, Year) 12-26-19	ar) Country)			
1	215-26-8882 1 M 2 DF 62 YR 9a. FACILITY NAME (If not institution, give atreet and number)					TOWN O	IN LOCATION	N OF DE					
ĺ	2641 Hanover Bd.							ON OF DEATH					
RESIDENCE OF DECEDENT					111	04110	impstead Carroll					A. J. 1.	
ĺ	10e. STATE 10b. COUNTY				Y, TOWN							10d. INSIDE CITY LIMITS?	
	Maryland Carr	oll			Ham	mostead 1 res					1 TES 2 KNO		
	10a. STREET AND NUMBER						101. ZIP CODE 10g. CITIZEN OF WHAT COUNT						
ı	2611 Hanove		T EVER IN U.S. AS	M450	- 40		2107L	F			.S.		
	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		NO		If yes, spe	ecify Cuben, 2 NO	Maxica	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No—	14. RACE Black Speci	E — American Indian, k, White, etc.	
	15. DECEDENT'S EDUCA	TION	16a. DE	CEDENT'S	USUAL O	CCUPATIO)N		16b. KIND OF BUS	INESS/ING	DUSTRY		
	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5 +	Hida	Do NOT u	work done se retired.)	aunng mo	st of working						
	12 5	+		Pri	nci	pal			Public	Sc	hoo!	l	
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maiden S				
Charles Ensor Ma									e Marie (
	190. INFORMANT'S NAME (Type/Print) Scott Mahalev	Tonking	19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State,										
	- M	00 OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20b. LOCATION — City or To-							19010				
	4 Donation 6 Other (Specify)	al from State	cemetery, cre	matory or o	ther place	n Ce	am . I	I O				ter, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1400	<u>D</u> a on			D ADDRESS			latio	1168	der, Mas	
	De Mate	- Illan	1%		E	ckh	erdt	Fu	neral Cha	pel			
	23. PART I. Enter the diseases, or co	mplications the	coused the de	eath Do	not enter	296	de of dyla	mi.	L Dr. Man	che	ste	r,Md. 211	
	 PART I. Enter the diseases, or complications that caused the death. Do shock, or heart fellure. List only one cause on each line. 					Interval					Interval Between		
ŀ	iMMEDIATE CAUSE (Finei diseese or condition		tim	Low	on	n 1 1	4					Onset end Dea	
l	resulting in death) a.	OUE TO	OR AS A CONSE	OUENCE O	F):	a Breast						On-	
ı	and the second s	(0	urcin	mo	La	/	30	PA	5+			lyn	
	Sequentially list conditions, if eny, leading to immediate	W DUE TO	(OR AS A CONSE	OUENCE O	F):		1	1	0			1/11.	
1	CAUSE (Disease or Injury	mela	static	- 27	ne	od	u	-h	ONPAL	un	9	TMON	
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCERO	P)):						/		
	d.												
	PART II. Other significant conditione	contributing to	deeth but not i	reaulting	In the u	nderiying	ceuse gi	ven in	Part I. 24a. WAS AN / PERFORI		24b	WERE AUTOPSY FINDING	
									1 _ YES 2]	NO	COMPLETION OF CAUSE		
PERFORMED? 1 VES 2 NO												1 YES 2 NO	
	OF WAS CARE DEFENDED TO MEDICAL												
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:												
	1 TYES 2 HO	28a. DATE OF		26b. TIN				Idence	Other (Specify)				
	1 Natural 5 Pending	(Month, Di	ny, Year)	IN.	JURY M	WO	NJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCU			DOMEO			
											Route Number.		
the state of the s	2 Accident arresignation 2 Accident arresignation 3 Suicide 6 Could not be building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Foun State)												
the same that the same is not the same to	2 Calebra	building,	etc. (Specify)						City or lown, State)				

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March of the form of the special state of the

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICALE	= OF L	JEATH		REG. NO.			
	1. DECEDENT'S NAME (Flist, Middle, Last Walter)	Jackson				MONT			PAR	TIME OF DEATN
ij	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday) IF UNDER	1 VEAD	IF UNDER 24 HRS.	_	of BURTIN		921	1350 M
	220-16-8493	1 M 2 F	\$2 YRS.	MONTHS		HOURS MIN.		5-10		Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY,	TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					TN	
8	Calvert Memor		Prince Frederick Calvert				·t.				
ธิ	RESIDENCE OF DECEDENT	NCE OF DECEDENT					<u>er re</u> s				
DIRECTOR	Md Gal	.yert		o viving of the state of the st							Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	P.O. BOX 100	5-Clagge	tt Road			0689				SA	AT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W		H	If yes, speci	IDENT OF NISPAL Ify Cuben, Mexica NO Special	in, Puerto	I? (Specify Yes Rican, etc.)	or No 1	Black, V	- American Indian, White, atc.
B	3 Widowed 4 Divorced	77 see 114.					,			ореспу.	Black
	15. DECEDENT'S EQ (Specify only highest grad		18a. DECEDENT	S USUAL OC	CCUPATION	2.0040	166	KIND OF BUS	BINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+	life. Do NOT	f work done d use retired.)	during most (of working					
COMPLET	5th Grade			armei	ř			N	/A		
ē l	17. FATHER'S NAME (First, Middle, Last)					IS. MOTHER'S NA	ME (First.)	Viddle Maiden	Sumame)		
_	Eli (-) Je	ones				Beatr					
E E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS	S (Street and	Number or Rural		har City or Trav	s Stein 7in C	ordal 21	9689
2	Pearlie Mae Ja	ackason									nd Md./
	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Re-	movel from State	20b. PLACE AND DATE	OF DISPOSI			DAT		CATION — CH		
	4 Donation 5 Other (Specify)			unera	al H	ome 10	/10	92 C	linto	10.	Md. 20735
	21. SIGNATURE OF FINERAL SERVICE A	CENTER		22. N	NAME AND	ADDRESS OF FA	CILITY				
	Jey sere	Que	4	Bet	tr# 1	F.K. H	unti	ingto	MM. N	id .	20639
	23. PART I. Enter Me diseases, or	complications that	reward the death. Do	not enter				_			
- 1	shock, or heart failure	. List only one caus	se on each line.	not witter	the mode	or dying, soc	ii ee cerc	nac or reapi	ratory arre-	ut,	Approximate Interval Batween
	iMMEDIATE CAUSE (Final disease or condition		Done	Im H	~ 1 .						Onset and Daeth
	resulting in deeth)	8		mo)oua						weeks
		DUE TO	OR AS A CONSEQUENCE	OF):							
ξ	Sequentially list conditions,	b									
	if eny, leading to immediate	DUE TO	OR AS A CONSEQUENCE	OF):							
HIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	с									
≐	thet initiated evente resulting in death) LAST	DUE TO	OR AS A CONSEQUENCE	OF):							
5 5	resulting in county Exci	d									
١١	PART ii. Other significant condition	one contributing to	death but not requiting	in the un	electring o	auna aluen in	Boot I	24a, WAS AN	ALPROBAY	T	
ξ	The state of the s	obitiouting to	death but not resulting	in the un	idenying c	ause given in	Part I.	PERFOR		A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
5								1 TES 2	□ NO		OMPLETION OF CAUSE F DEATH?
E L										1	YES 2 NO
PHTSICIAN: M											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					E OF DEATH (Ch	eck only on	e)			
7	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER		5 🗆 Residence	8 🗍 Othe	r (Specify)			
	27. MANNER OF DEATN	28a. DATE OF	INJURY 28b. TI	ME OF	28c. INJUR	Y AT		CRIBE NOW II	NJURY OCCU	RED	
2	1 Netural 5 Pending	(Month, De	ly, Year)	IJURY M	1 YES	7 3 2 NO	116-013-0		A CONTRACTOR OF THE PARTY OF TH		
100	2 Accident Investigation	28a PLACE OF	FINJURY — At home, term.	atrast facts			284 1 00	ATION (Change of	and Northead	0 10	- N
3	3 Suicide 6 Could not be determined	building,	etc. (Specify)	, situat, tacto	ory, ornea			ATION (Street a or Town, State)	nd Number or	HUNIII HOU	te Number,
4	29a. CERTIFIER										
COMPLEIED	(Check only		my knowledge, death occur								
3			amination and/or investigat	on, in my of	PHING, GOLD	in occured at the	uma, data	end place, an	g due to the	cause(a) a	ng manner as stated.
20	296. SIGNATURE AND TITLE OF CENTIFI	ER			2	9c. LICENSE NUI	-		29d. DATE S	9	lonth, Day, Year)
						D296	57	1	·)(17/	92
	30. NAME AND ADDRESS OF PERSON'M	HO COMPLETED CAUS	E OF DEATN (ITEM 27) (Typ	e, Print)						,	
	Dr. Jonatho	n Fears	M.D.		Drine	o Dress-	nod =1.	N/	1		
	31. DATE FILED (Moorit Des Mar)	32 REGISTRA	R'S SIGNATURE		LIC	e Frede	rick	Mary	land.	-	
[].	111.1 1 3 100	2 14.1: 1	il. Dad 00								

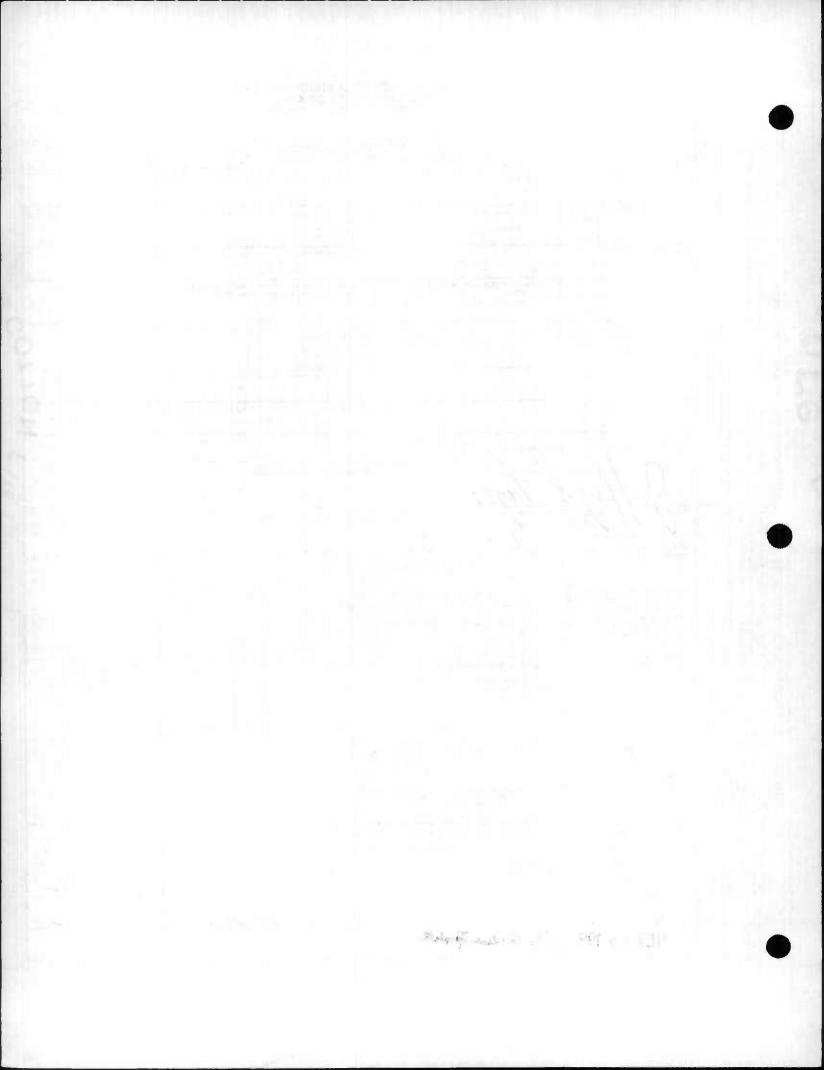
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, LOR ATTENDING PRESCRIPTION TO THE DESCRIPTION OF THE PROPERTY OF THE OFFICIAL

Merry F.E. Luntingtown, Lt. 2019

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	1. DECEDENT'S NAME (First, Midd	die, Last)			2	DATE OF DEATH		3. TIME OF DEATH		
	EU214	C. Jon	188			MONTH DAY	YEAR 92			
	4. SOCIAL SECURITY NUMBER	11.1	E (In yrs. lest birthday)	IF UNDER 1 YEAR IF U		DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or For		
	217-46-93	10 M 20 E	89 YRS.			10-21-02		Maryland		
Œ	9a. FACILITY NAME (If not institute AAM C	on, give street and number)		96. CITY, TOWN OR LO		90	COUNTY O	F DEATH		
100	RESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b.	Anne Arundel		Annapol:	ic			10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER			101. ZIP		I m	0.515551	YES 2		
FUNERAL		er Crescent I	Orive	17 (0.75.5)	21401	10	US US	F WHAT COUNTRY?		
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDE	NT OF HISPANIC	ORIGIN? (Specify Yes or I	No- 14. R	ACE — American Indias lack, White, atc.		
BY F	1 Never Married 2 Marri 3 Wildowed 4 Divorced	FORCES? 1 TYES		1 YES 2	Cuban, Mexican, P NO Specify:	uerto Rican, atc.)		nective .		
	1111	IT'S EDUCATION	I 16e DECEDENT'S	USUAL OCCUPATION		16b. KIND OF BUSINE	00/11/07	Whi		
ETE	(Specify only high Elementary/Secondary (0-12)	college (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during most of w	vorking	ISO, KIND OF BUSINE	33/INUUS K	3 12		
APL	12		Н	omemaker			Hon	ne		
COMPLETED	17. FATHER'S NAME (First, Middle,			16. 6		(First, Middle, Maiden Surn	177			
BE (Louis Henr					Catherin				
0	19a, INFORMANT'S NAME (Type/Pr					Number, City or Town, St				
	Robert L. J			Yestero	aks Cli		Sacol	la, FLA		
	IMMEDIATE CAUSE (Final	ses, or complications that cause failure. List only one cause on a	aach lina.	ot entar the moda of	dying, such a	er St. An	ry arrest,	Approxima Interval Be Onset and		
	sproge, or/gent	athero	aach lina.	ot entar the moda of	dying, such a	er St. An	ry arrest,	Approxima Interval Be Onset and		
ATION	IMMEDIATE CAUSE (Final disease or condition	a. Of hero DUE TO (OR AS	selesot	te and	dying, such a	er St. An	ry arrest,	Approxima Interval Be Onset and		
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Athero. Due to (or as Due to (or as	A CONSEQUENCE OF	e and	dying, such a	er St. An	ry arrest,	Approxima Interval Be Onset and		
AL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Athero. Due to (or as Due to (or as	A CONSEQUENCE OF	e and in the mode of the and in t	dying, such a	er St. An a cardiac or reapirato	OPSY 2	Approxima Interval Be Onset apd Www.		
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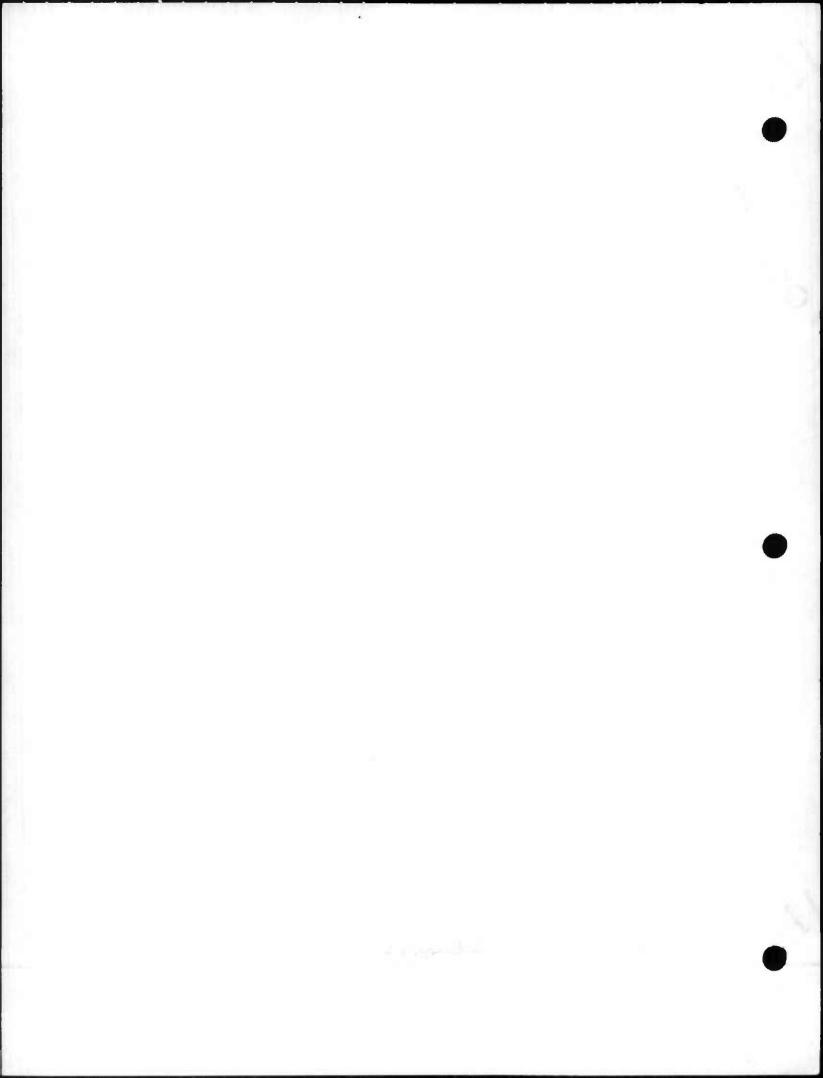
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR FLORENCE DYER JOHNSON October 4, 1992 PM 6:15 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIFTH (Morith, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 X F 032-10-7675 89 March 17,1903 Massachusetts Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CARRIAGE HILL-BETHESDA BETHESDA MONTGOMERY RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Bethesda 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8507 Bradmoor Drive United States 20817 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Married BY 1 YES 2 THO Specify: Specify 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 4 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Edward Dyer Alice McCarthy BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James J. Dyer 20 Balder Road, Worcester, Massachusetts 01605 20s. METHOD OF DISPOSITION
1 [XBurlal 2] Cremation 3] Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State St. John's Cemetery ☐ Donation 5 ☐ Other (Specify) 10/9/92 Worcester, Mass 22. NAME AND ADDRESS OF FACILITY
ROBert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc.
7557 Wisconsin Ave., Bethesda, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00198 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. rval Betw IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) NEPHROSIS, BILATERAL CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events ERIT TRUCTION, BILAT ELL CARCINOMA OF BLADDER! resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🔀 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated 196. SIGNATURE AND STILE OF CENTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month Day BE 2

GEORGE FOUN

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the transfer of		Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Margaret C. Jones 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH MARGARE Oct. 8, 6:00 A. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIFTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213-40-8037 1 M 2 F DAYS HOURS MIN. YRS Apr. 8, 1910 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Shady Grove Adventist Hospital Rockville Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Gaithersburg 1 - YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 19310 Clubhouse Rd. Apt. #610 20879 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea. specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 7 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Pu

1 YES 2 NO Specify: 1 X Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Administration Local Government 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Aramus West Jones BE Rosa Claggett 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John C. Poole 216 Granville Dr. Silver Spring, MD 20901 20s. METHOD OF DISPOSITION

1 X Surist 2 Cremetion 3 Removal from State

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State St. Mary's Cemetery 10/12 Rockville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY De Vol Funeral Home M00896 10 E. Deer Park Dr. Gaithersburg, MD 20877 23. PART I. Enfor the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory arrest, shack, or heart failure. List only one cause on each line. Approximata Intarval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition___ CARDIAL ARREST resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): HEART FAILURE PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING ORTIC STENOSIS CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST CARONIC ORGANIZING PNEURONIA PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? AZOTEMIA LEFT GONALE 1 TYES 2 NO BRANCH BLOCK. 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 \(\text{Nursing Home} \) 5 \(\text{Residence} \) 6 \(\text{Other (Specify)} \) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER
(Check only one)

A SECION FRANCE OF THE PROPERTY OF THE PROPER 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER Douglas S Sheemaky 10 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D27301 10/8/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6/5 W. MONT SOMERY AVE DOUGLAS R. SHUMAKER MO ROCKVILLE MO ZOBS 32. REGISTRAR'S SIGNATURE

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filed within 72 hours after death with the S	MPORTANT: If item 28 is marked, or it
be filed within 72 hours after death with the State Dec. of Health and Mental Hydrene prior to burlal, c	IMPORTANT: If Item 28 is marked, or Item 27

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 10 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH DAY 92 12:30 pm John G. King Jr. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 🔯 M 2 🗌 F YRS. 213-14-8718 06/16/19 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4949 Middleburg Road Carroll County Tanevtown 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY MD Carroll Co. Taneytown 1 YES 2 XNO FUNERAL 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 4949 Middleburg Road 21787 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 ₹ YES 2 □ NO Specify white BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Spe College (1-4 or 5+) Baltimore Transit 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at John G. King Sr. Julia M. Lockard BE 194. INFORMANT'S NAME (Type/Print) 19b. MAILINO AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Kathleen King Pennewell 4949 Middleburg Rd, Taneytown, MD ě 20s. METHOD OF DISPOSITION

XX Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State must Saints Cemetery Reisterstown, MD 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd Eline Funeral Home Reisterstown, MD 21136 como Cine medical 23. PART, I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List pnly one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final TOPY FAILUKE the disease or condition SPIRA resulting in death) Ħ, DUE TO (OR AS A CONSEQUENCE OF): NO Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CERTIFICATI CAUSE (Disesse or injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 - NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, OFSCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29h, SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 6 099 10-12-92

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

lie Devidson Abordall

32. REGISTRAR'S SIGNATURE

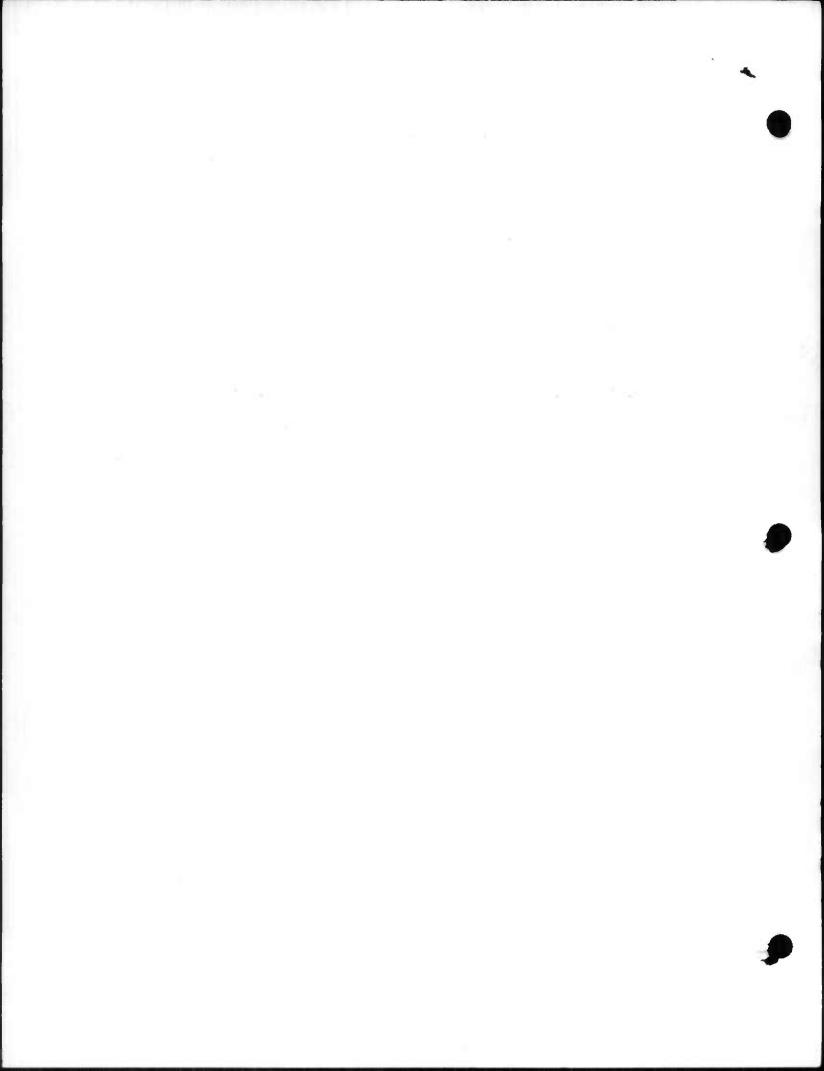
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31. DATE FILED (Month, Day, Year)

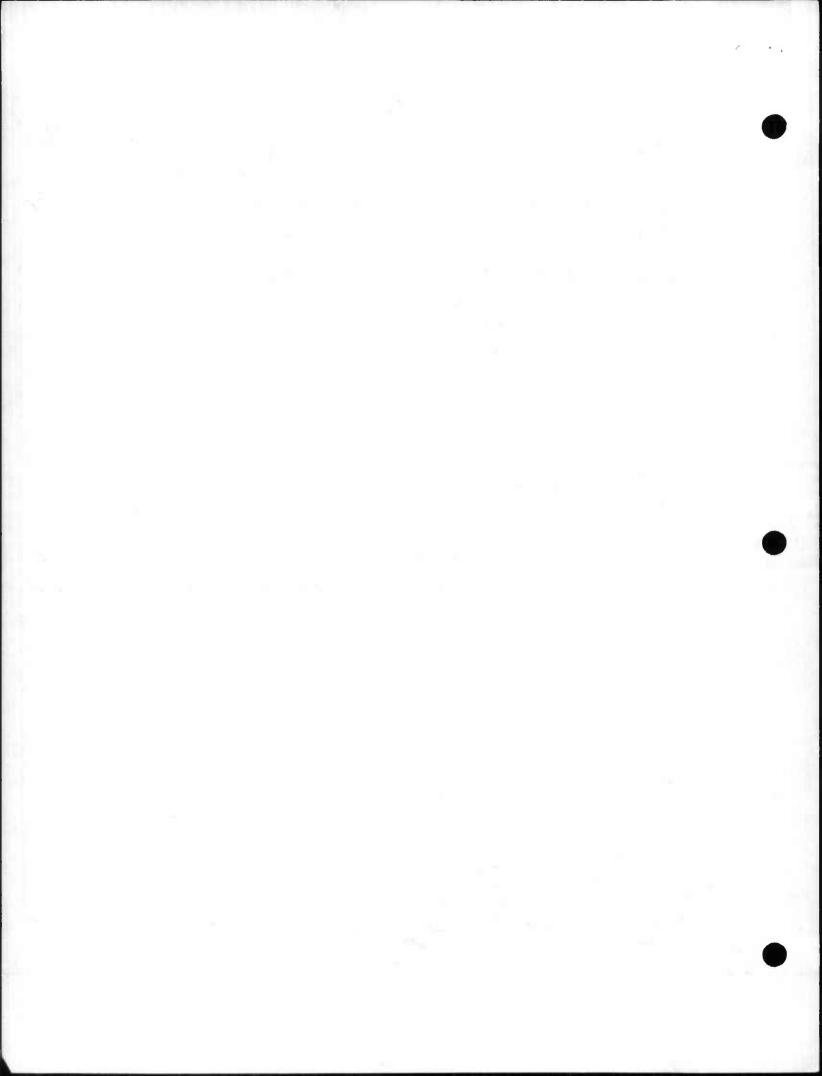
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Westminster, Md. 21157



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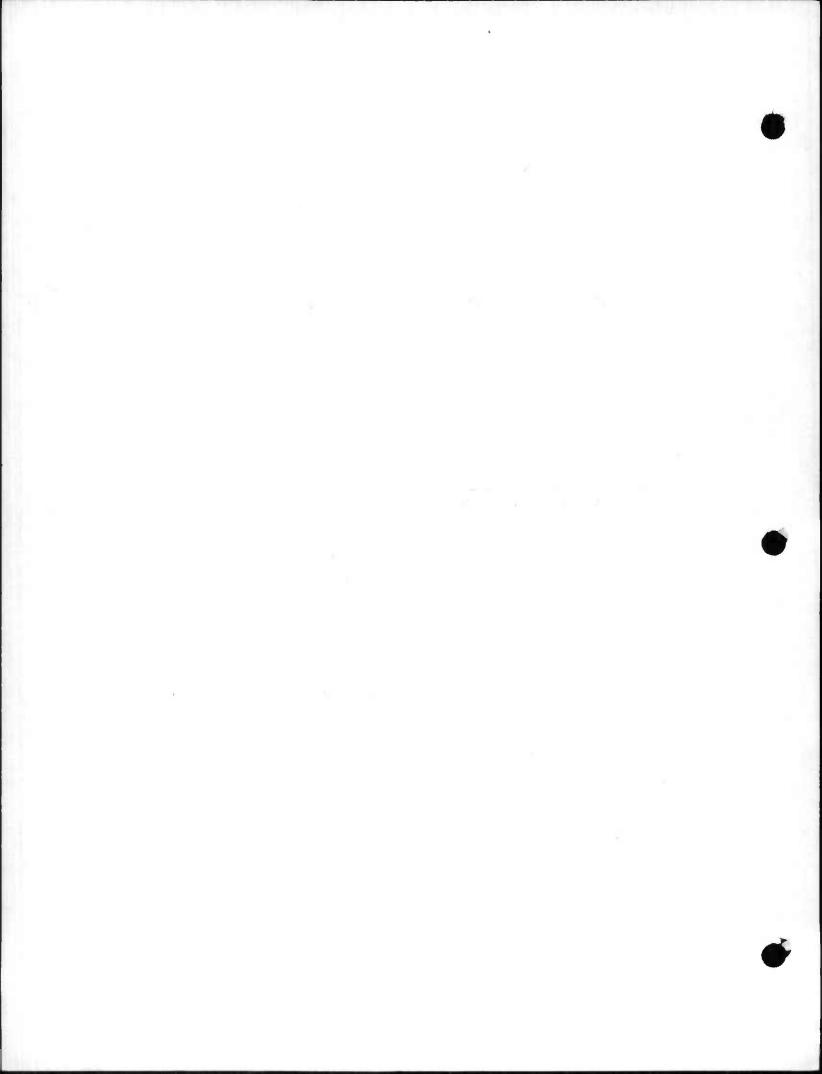
	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			ENTAL HYGIEN				
	1. DECEDENT'S MAME (FIRST, MIC CHARLES	STEPHEN	KUEHN, SR.			2. DATE OF DEATH	7 9	3. TIME OF DEATH 2. 8 21Am		
	4. SOCIAL SECURITY NUMBER 213-20-2391	1\2 M 2 □ F	67 YRS. M	F UNDER 1 YEAR DAYS	HOURS MIN.	7. DATE OF BIFITH (Morth, Day, Year)	25	BIRTHPLACE (State or Foreign Country) Maryland		
25	98. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH SUBURBAN HOSPITAL BETHESDA WONTONEST									
action		St. Mary's		OWN OR LOCAT	070 W	N		10d. INSIDE CITY LIMITS? 1 VES 2 NO		
200	100. STREET AND NUMBER PPD 11. MARITAL STATUS	BOX II A	IN II S ADMED	1	2065	ORIGIN? (Specify Ver	U.S			
2	3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR I World War	B 2 NO	If yes, spe	ecify Cuben, Mexican, 2 XNO Specify:	Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White		
DI ETED	Flementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use in Merchan	k done during mod etired.)	st of working	186. KIND OF BU	dware :			
FCOMP	D		hn, Sr.	dise ik		E (First, Middle, Maiden	Surname)			
TO BE	100 INFORMANT'S NAME (Tons	/Print)	19b. MAILING AC		nd Number or Rural Ro	ute Number, City or Tow	n, State, Zip Coo			
must be	20a. METHOD OF DISPOSITION 1 Doubling 5 Other (Sp.	3 ☐ Removal from State ce	Db. PLACE AND DATE OF It imetery, crematory or other Charles Me	DISPOSITION (Na	rne of		CATION — City			
examiner	22. NAME AND ADDRESS OF FACULTY Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270, Leonardtown, Maryland 20650									
traumatic event, the medical	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	//	ed the death. Do not each line. RD // CARPONEROUNCE OF):	enter the mod	de of dying, such	as cardiac or responses	iratory arreat	Approximate interval Between Onset and Death		
BTIFIC	Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ta DUE TO OR AS	A CONSEQUENCE OF):			ACOVER	450	NS ATTOCK		
FDICAL C	PART II. Other significant	conditions contributing to death	but not resulting in	the underlying	g cause given in P	ert I. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
NA NA	25. WAS CASE REFERRED TO M	MEDICAL TO THE PROPERTY OF THE		26. Pt	ACE OF DEATH (Chec	k anh ane)		1 YES 2 NO		
VSIC	EXAMINED?	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	e 5 🗆 Residence 6					
BY PHYS		28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	URY AT RK? /ES 2 NO	IN CAR	NJURY OCCUR	ED		
ED	3 Suicide 6 Cou	armined building, etc. (Spe	Y — At home, ferm, atre ec/ly) HWMY	et, factory, office		City or Town, State)	BET	Purel Route Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFY 2 MEDICAL	I EXAMINER: On the best of my known						use(s) and manner as stated,		
TO BE COMP	296, SIGNATURE AND TITLE OF	mille	lyll	0	29c. LICENSE NUMB	9 <i>4</i>	29d. DATE SU	GNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PE	ERSON WHO COMPLETED CAUSE OF D 10 12. REGISTRAR'S SO 11 11 12. ALCONOMINATION 13. ALCONOMINATION 14 15 16 17 18 18 18 18 18 18 18 18 18	(ERNU)	000	RA BE	THESD.	of pl	550817		
	00101 92	guha Davidson								



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE MARY AND 21215-0020 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may referred, by the north and the state bean signed by the attending physician and completely filled in by the honeral director, but 5 about the lates at the confinement. Pages 1, 2, 3 should be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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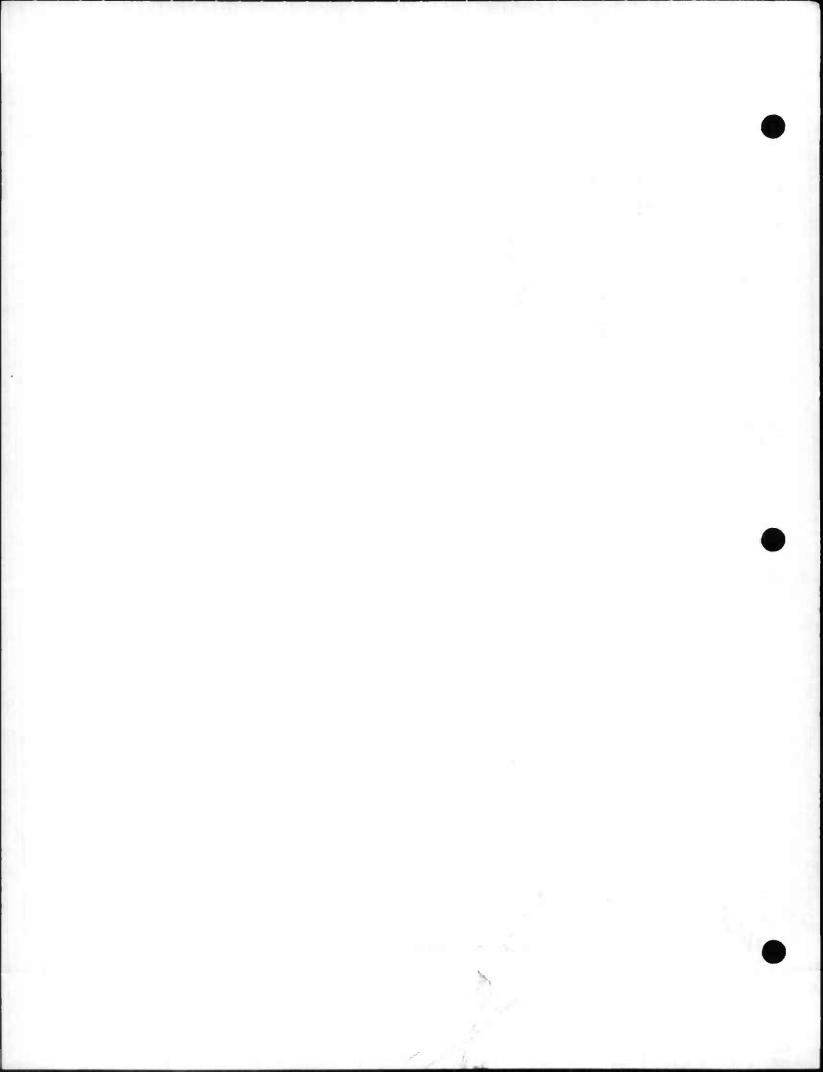
	1 - FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPAI CERTIF	RTMENT (OF HEALTH AND OF DEATH	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) CLARENCE R	OPERM	KI	NC			AY YEAR	3. TIME OF DEATH		
		OBERT 5. SEX 6. AGE (I	in yrs. lest birthday)		YEAR IF UNDER 24 HRS.	October 1	a, BIRTT	12:00 P M		
	233-26-0046 9s. FACILITY NAME (If not institution, give stre	1 M 2 F 88	YRS.		DAYS HOURS MIN.	FEB 7 190				
TOR	Memorial Hospital						own or Location of Death erland Allegany			
DIRECTOR	MARYLAND 10b. COUNTY ALL.	EGANY		TY, TOWN OR MBERLA				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
3AL	10a. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	759 MARYLAND AVENU 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED	13. WA	21592 AS DECENDENT OF HISPA yes, specify Cuban, Mexic	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	II S A s or No — 14. RAC Blac	E — American Indian, k, White, etc.		
B	3 Widowed 4 Divorced	WW11	ITES		YES 2 NO Spec		Spec	HITE		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	ATION	16a. DECEDENT'S (Give kind of life. Do NOT s	work done dur	UPATION ring most of working	16b, KIND OF BU	SINESS/INDUSTRY			
절	6		CARP	ENTER		BUILD	ING/CARP	ENTER		
BE CO	17. FATHER'S NAME (First, Middle, Last) GEORGE KING				The second second	AME (First, Middle, Meider CIS LARGENT				
10	19a. INFORMANT'S NAME (Type/Print)				Street and Number or Rural					
-	DOROTHY MAE KING			_	ND AVE. CUM			21502		
	20e, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remov	val from State 20b.	PLACE AND DATE	OF DISPOSITI	CEMETE CEMETE		CATION — City or To	·		
	21. SIGNATURE OF FUNERAL SERVICE LICE		OKI GAI					FLINTSTONE		
21. SIGNATURE OF FUNERAL SERVICE ICCUSED 22. NAME AND ADDRESS OF FACILITY MERRITT—ADAMS FUNERAL HOME 404 DECATUR STREET CUMBERLAN								MARYLAND		
	23. PART i. Enter the diseases, or co	emplications that caused	the death. Do	not enter th	ne mode of dying, su	ch as cardiac or resp	iratory arrest,	Approximata Interval Between		
shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) 8. Caylac arry farie.							Onset and Death			
z	DUE TO (OR AS A CONSEQUENCE OF):									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS A	CONSEQUENCE	OF):	1)	7 7	yy			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE (OF):						
	PART II. Other aignificant conditions	contributing to death bu	at not resulting	in, the unde	erlying cause given in	Part I. 24s. WAS AP	AUTOPSY 248	. WERE AUTOPSY FINDINGS		
MEDICAL	- old ag	ie Benign	Ars T	Tie	(type Triply	PERFO	MEDY	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ž							<u> </u>			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C	heck only one)				
	1 TYES 2 NO	1 Nopetient 2 ER/Outpu		4 🗆 Nursin	g Home 5 - Residence					
ı⊀s		1 Netural 5 Pending (Month, Day, Year) INJURY M 1					28c. INJURY AT WORK? 1 YES 2 NO			
3Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	IN							
À	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Speci	- At home, farm,	M	1 YES 2 NO	281. LOCATION (Street City or Town, State	and Number or Rural	Route Number,		
¥	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only	(Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Speci	At home, farm,	street, factory	1 YES 2 NO	City or Town, State to the cause(e) and ma	nner se stated.			
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only	(Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Speci	At home, farm,	street, factory	1 YES 2 NO	city or Town, State to the cause(e) and ma time, date and place, as	nner se stated.	s) and manner ae stated.		

517 Oldtown Road, Cumberland, MD 21502



BALTIMORE, MARYLAND 21215-0020	Just after death. The principle framed by the hospital or attending physician.	in by the funeral place, place is should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be removal.	nedical examiner milh be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The presented by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral binds, a page 1, 2, 3 should be filed within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mint be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.								
3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DAY YEAR 3. TIME OF			
	VERA KAI	ERA KADLEC VERA KADLEC			10-10			0600 m	
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER :		DATE OF BIFTTH (Month, Day, Year)	Co	TTHPLACE (State or Foreign untry)	
1	219-64-7493	1 □ M 2 √ F	54 YRS.	ONTHS DAYS HOURS	Do	tober 6,	1938 _{Cze}	choslovakia	
_	Sa. FACILITY NAME (If not institution, give s	treet and number)	9	b. CITY, TOWN OR LOCATIO	N OF DEATH		9c. COUNTY OF		
5	Suburban Hospita	1		Bethesda			Montg	omery	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION				10d, INSIDE CITY	
FIG	Maryland Mont	gomerv	Rot1	nesda				1 YES 2 NO	
A	10e. STREET AND NUMBER	COMCIV	I DCC	10f. ZIP CODE			10g. CITIZEN O	F WHAT COUNTRY?	
FUNERAL	5023 Alta Vista	Road		20814			U.S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF	F HISPANIC C	RIGIN? (Specify Yes	or No- 14, R/	ACE — American Indian, lack, White, etc.	
BY I	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA						White	
ED	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	IIAL OCCUPATION		16b. KIND OF BUS			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor	k done during most of working etired.)	7	166. KIND OF BUS	MESS/MUUS I M		
	Elemental proceedings (0-12)	4	Flectri	cal Engineer	r	TMP En	gineeri	no	
COMPL	17. FATHER'S NAME (First, Middle, Last)	7.	писсии			First, Middle, Maiden		ing	
BE C	Antonin	Nei	ed1y	Irn	na	T.	ederer		
0	19a. INFORMANT'S NAME (Type/Print)			ODRESS (Street and Number					
F	Joseph F. Kadlec		5023 A	lta Vista Ro	l. Bet	hesda, M	D 20814		
	20s. METHOD OF DISPOSITION 1 Burtal 2 Cremation 3 Remarks	oval from State 20b.	PLACE AND DATE OF	DISPOSITION (Name of		DATE 20c. LOC	ATION — City or	Town, State	
	4 Donation 6 Other (Specify)	Me	etropolit	an Crematory	7 1	0/11A1ex	andria,	Virginia	
1 1	21. SIGNATURE OF PONERAL SERVICE BE	ENSEE	0	Francis J.	Colli	r ins Funer	al-Home	, Inc.	
Ш	Oliver !) Otuno	/	500 Univers				.,MD 20901	
	23. PART I. Enter the diseases, or of shock, or heart failure.	complications that caused List only one cause on ea	the death. Do not	enter the mode of dylr	ng, such as	cardiac or respir	story arrest,	Approximate interval Between	
1					,	10-		The second second second second second	
	resulting in death)	. ADENOCA	RCINOL	14 UNK	VOW	N PRI	MRY	18 MONTH 9	
	a. ADENOCARCINOMA UNKNOWN PRIMARY 18 MONTHS BUE TO (OR AS A CONSEDUENCE OF):								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate b								
8	cause. Enter UNDERLYING CAUSE (Disease or injury	e-							
E	that initiated events	DUE TO (DR AS A	CONSEDUENCE OF):						
8	resulting in death) LAST	d							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WER								4b. WERE AUTOPSY FINDINGS	
						PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC						1 1ES 2	E MO	OF DEATH?	
					·			1 123 2 110	
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DE	ATH (Check o	inly one)			
Si	1 TES 200 NO	HOSPITAL: 1 Nipotient 2 ER/Output		THER: Nursing Home 5 Res	idence 6 🗆	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c, INJURY AT WORK?	280	1. DESCRIBE HOW IN	JURY OCCURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2	NO				
8	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Speci	— At home, farm, stre f(y)	et, factory, office	281	. LOCATION (Street at City or Town, State)	nd Number or Run	al Route Number,	
<u> </u>	N								
절		CIAN: To the best of my knowle							
COMPLET	2 MEDICAL EXAMINE		and/or investigation,	filon, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.					
BE	SIGNATURE AND TITLE OF CENTIFIES	0 7.	LA D	29c, LICE	NSE NUMBER	21	29d. DATE SIGN	ED (Month, Day, Year)	
0	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CHICAGO	~(· // ·	<u> </u>	2/2	76	10/1	0/92	
	14208 PILLS	CLANC 1/	ACC D	" CAROLYI	VB.	HENDRI	CKS, A	10.	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		DCKVILLE	· N	10 208	50		
	OCT 1 3 1992	Julia Davidson-1							
	001101000								



retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in a true has be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove

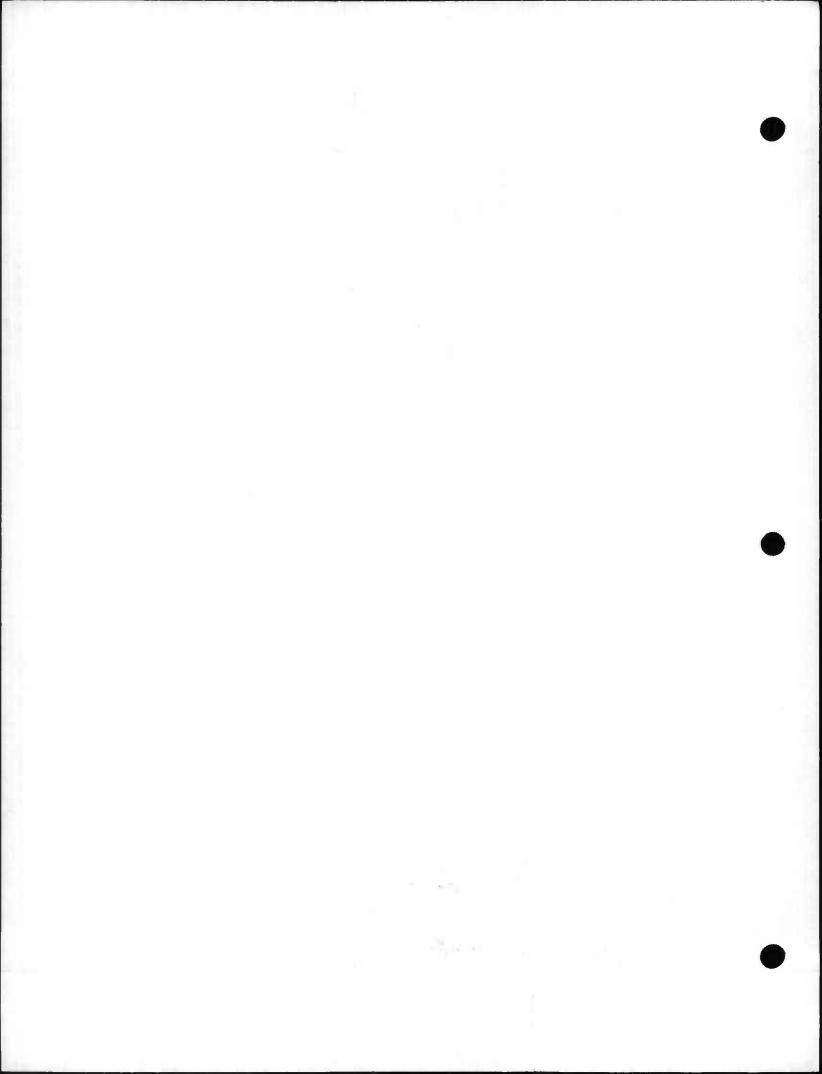
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MARYLAND 21215-0020

5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT
D	ECEDENT'S NAME (Fir	st, Middle, Last)	
	Marv	Jane	Karageanis

	1 - FOR STATE REGISTRAR	TE OF MAR	YLAND / DEPAR CERTIF		HEALTH /		NTAL HYGIEN	E		
- 4	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH			TIME OF DEATH
	Mary Jane	Karage	eanis				October 10, 1992			1:00 PM
	4. SOCIAL SECURITY NUMBER 5. SE		GE (In yrs. lest birthday)	IF UNDER 1 YE	R IF UNDER 2	$\overline{}$	DATE OF BIRTH		BIRTHPL	ACE (State or Foreign
	033-16-1333	M 2 - F	68 YRS.	MONTHS DAT	8 HOURS	MIN.	(Month, Day, Year)	1024	Country)	achusetts
	Sa. FACILITY NAME (If not institution, give street and	number)		9b. CITY, TOY	N OR LOCATION			9c. COUNT		
Œ								120		
DIRECTOR	Collingswood Nursing	g Cente.	-	Ro	ckville			Mon	tgome	ery
Ä	10a. STATE 10b. COUNTY			Y, TOWN OR LO	CATION					d. INSIDE CITY
ā	Maryland Montgo	merv	l s	ilver	Spring				1	LIMITS?
A	10s. STREET AND NUMBER			10f. ZIP CODE				10g. CITIZE		T COUNTRY?
8	1400 Fenwick Lane, #613			20910				Unit	eg 64	tates
FUNERAL	11. MARITAL STATUS 12. WI	S DECEDENT EV	ER IN U.S. ARMED	13. WAS			ORIGIN? (Specify Yes		4. RACE -	American Indian
		ACES? 1 1 1		If yes	specify Cuben, rES 2 X NO	Mexican, P	verto Rican, etc.)	A. 33	Black, W Specify:	Thite, etc.
B	3 🔀 Widowed 4 🗌 Divorced	- 51 72 73		1 '		цросиу.			ориспу.	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	w(f)	16a. DECEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BUS	INESS/INDUS	STRY	
<u>-</u>		pe (1-4 or 5+)	Me. Do NOT u	se retired.)	most of working		1			
P P		2	Self	emplo	yed			Resta	urant	:
Š.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHE	ER'S NAME	(First, Middle, Maiden	Sumame)		
ш	Michael Charles	s Ac	ccomando		Ма	ry	Cather	ine	Mı	irphy
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	et and Number o	or Rural Rout	n Number, City or Town	n, State, Zip C		
F	Elizabeth Mary Zaic		4108	Shallo	w Brook	Lane	e, Olney,	Marv	land	20832
	20e. METHOD OF DISPOSITION 1	20446.1	20b. PLACE AND DATE	OF DISPOSITION				CATION — CH		
	4 Donation 5 Other (Specify)	m State	Cambridge	Cemet	ery	10/1	15/92Camb	ridge	. Mass	achusetts
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		М00831	22, NAM	AND ADDRESS	S.OF FACILI	TY Fund	ral U	omo /	
	Barkona Joman	Julleni	Howsen	Roc.	ville,	Inc	rey Fune 300 We lle, Mary	st Mo	ntgon	nery
	23. PART i. Enter the diseases, or complic	etions that on	and the death De	Ave	iue, Ro	CKVI	Lie, Mary	Land	2085	
	shock, or heart fallure. List on	ly one cause o	n each line.	not enter tha	mode of dyin	g, such a	a cardiac or reapi	ratory arres	st,	Approximate interval Between
- 1	iMMEDIATE CAUSE (Final disease or condition									Onset and Death
	resulting in death) a	Lung Ca								
- 1			AS A CONSEQUENCE O							
8	Sequentially list conditions, Diffuse Metastasis to Bone DUE TO (OR AS A CONSEQUENCE OF):									
F	If any, leading to immediate cause. Entar UNDERLYING	202 10 (011)	AS A CONSCOUNTED O	r).						
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE O	P):						
Ē	resulting in death) LAST									j l
CERTIFICATION	d									
CAL	PART ii. Other significant conditions contr	ibuting to deal	th but not resulting	not resulting in the underlying cause given in Part			ort i. 24s. WAS AN AUTOPSY PERFORMED?			RE AUTOPSY FINDINGS
일						1 TES 2		00	AILABLE PRIOR TO MPLETION OF CAUSE	
闡								22		DEATH?
5							-		1 '] 163 2 110
3	25. WAS CASE REFERRED TO MEDICAL			20	PLACE OF DEA	ATH (Check	only one)			
PHYSICIAN: MEDI		PITAL:	Outpatient 3 DOA	OTHER:	Iome 5 🗆 Besi	Idence &	Other (Specify)			
₹	27. MANNER OF DEATH 26	a. DATE OF INJU		E OF 28c.	INJURY AT		d. DESCRIBE HOW IP	JURY OCCU	RED	
BY P	1 Natural 5 Pending	(Month, Day, Ye	er) IN.	M 1	WORK? YES 2	NO				
	_ received.it	e. PLACE OF INJ	URY — At home, ferm,	street, factory, o	ffice	28	f. LOCATION (Street e	nd Number or	Rural Rout	e Number,
E I	4 Homicide determined	building, etc. (Specify)				City or Town, State)			
۳۱	29a. CERTIFIER 1 (X) CERTIFYING PHYSICIAN: TO	the heet of my le	nowledge death seem	ad at the time				0.00		
COMPLETED	(Check only one) 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the control of the control on the control on the control of the control on the control of the	e basic of examin	etion end/or investment	on in my anista	n death accura-	d at the time	me cause(e) and man	ner as stated		
8		,	anon enaor mesangan	, in my opinio	ii, death occured	O BE THE THIN	e, date and place, and	due to the	cause(s) an	id manner ee stated.
BE	296. SIGNATURE AND TUPLE OF CERTIFIER	m	Born	~	29c. LICEN	ISE NUMBER	R			orith, Day, Year)
6	freeword.	un	nov or		D3	5362		001	tober	12, 1992
	30. HAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF	DEATH (ITEM 27) (Type	Print)						
1	Ernesto Malave, M.D.		Prince P	hilip I	rive,	#212,	Olney,	Maryla	and	20832
	- 7 400 W	ha Davida	GNATURE							
	OCT 13 '92	MENTAL CONTRACTOR								
	V									



BALTIMORE, MARYLAND 21215-0020

were the losonal or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be largered to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page attending be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at an example.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 STATE	STATE OF MAR	YLAND / DEP.	ARTMENT OI	F HEALTH AND	MENTAL HYGIEN		29698		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)				F DEATH	REG. NO	_			
1	Lydia Koosel					2. DATE OF DEATH	ďo g	3. TIME OF DEATH 2 8:35pm m		
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthde	y) IF UNDER 1 YEA	AR IF UNDER 24 HRS	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	061-01-9682	1 M 2 X F	87 YRS	MONTHS DAY		M4 44 00 14 4		Country) Russia		
	9a. FACILITY NAME (If not institution, give	street and number)	07	9b. CITY, TOV	WN OR LOCATION OF		9c. COUNTY			
OR	Montgomery G	General Ho	spital	01	ney		Mont	gomery		
5	RESIDENCE OF DECEDENT							80		
DIRECTOR	10a. STATE 10b. COUNT			CITY, TOWN OR LO	10d. INSIDE CITY LIMITS?					
								1™ YES 2 NO		
2000 Buchanan Street Ant #20							OF WHAT COUNTRY?			
뿔	11. MARITAL STATUS	12. WAS DECEDENT EVE		1 40 1170	33020		U.S.A			
	1 Never Married 2 Married	FORCES? 1 Y	ES 2 NO	If yes	, specify Cuban, Mex	PANIC ORIGIN? (Specify Yelican, Puerto Rican, etc.)	8 or No 14.	RACE — American Indian, Black, White, etc.		
B	3 ₩ Widowed 4 □ Divorced	IF YES, GIVE WAR OF	H DATES	יטי	YES 2 NO Spe	offy:		Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION .		T'S USUAL OCCUP		16b, KIND OF BU	SINESS/INDUS			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NO	T use retired.)	most or working					
MP	12		Dress	maker		Garmen	t Indu	stry		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Middle, Maiden	Sumame)			
H	John Leevo					Kuremaa				
2	19s. INFORMANT'S NAME (Type/Print)					el Route Number, City or Tou		de)		
	Esther K. Peters					kville, MD				
	1 🗆 Buriel 2 🕅 Cremation 3 🗆 Rem	toval from State	206. PLACE AND OA Gemetery, crematory of Pred Hunt	TEOF DISPOSITION or other place)	(Name of	1	-	or Town, State		
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		rea Hunt			10/14 Hol	Lywood	Florida		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY De Vol Funera 10 East Deer Park Drive							al Home			
	7,0.	Jack		Gait	hersburg.	MD 20877				
	23. PART I. Enter the diseases, or shock, or healt failure.	complications that cau List only one cause or	sed the death. D	o not enter the	mode of dying, so	uch as cardiac or resp	iratory arrest	, Approximate Interval Between		
1 1	IMMEDIATE CAUSE (Final disease or condition	0 - 410	CATIL	- 11-	10- 1	~		Onset and Death		
	resulting in death)	. CONU	ts //	= HE	19	ALLIKE		DAKS		
_	disease or condition as a CONCESTIVE HEART FAILURE DAKS OUE TO (OH AS A CONSEQUENCE OF): VALVULAR HEART DISEASE YEARS									
NO I	sequentially list conditions,		S A CONSEQUENCE		1 1/2	CHISC		/CAIN		
¥	If any, leading to immediata cause. Enter UNDERLYING	2						j		
필	CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEQUENCE	OF):						
CERTIFICATION	resulting in death) LAST	4								
	PART II. Other significant condition	ns contribution to deat	h hut not resultin	o in the conducts	dan sausa akun i		0.22.00			
MEDICAL	RILATERA		MONI		ying cause given i	In Part L. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE		
Ē	1710/16/20	LIVEV	PPIVIVI	/1		1 [] YES 2	NO	OF DEATH?		
								1 C YES 2 2780		
AN	25. WAS CASE REFERRED TO MEDICAL			- 14	PLACE OF DEATH (
SICIAN:	EXAMINER?	HOSEPTAL:	Martine 1 1 200	OTHER:	- a- valendario	CONTRACTOR OF THE PARTY OF THE				
≩	27. MANNER OF DEATH	28a. DATE OF INJUI	ry 26b. 1		INJURY AT	e 6 ☐ Other (Specify) 28d. DESCRIBE HOW I	NAMES OCCUR	ep.		
0	1 Netural 5 Pending	(Month, Dep. Yea	()	INJURY	WORK?					
D BY	2 Accident Investigation 3 Suicide 6 Could not be	260. PLACE OF INJU	JRY — At home, farr			28f. LOCATION (Street	and Number or I	Rural Route Number,		
ETE	4 Homicide determined	building, etc. (S	ыреспу) -			City or Town, State)				
PE	29a. CERTIFIER (Check only	ICIAN: To the best of my kn	lowledge, death occ	urred at the time, o	late and place, and d	ue to the cause(a) and me	oner as stated			
COMPL								suse(s) and manner as stated.		
ы	296. SCHATURE OF CERTIFIE				29c. LICENSE N			GHED (Molith, Day, Year)		
0	1/1/2	2 V	ND		D 38	457	D 10	11192		
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEAPH (ITEM 27) (7	one Print)	10			., , , , , , , , , , , , , , , , , , ,		

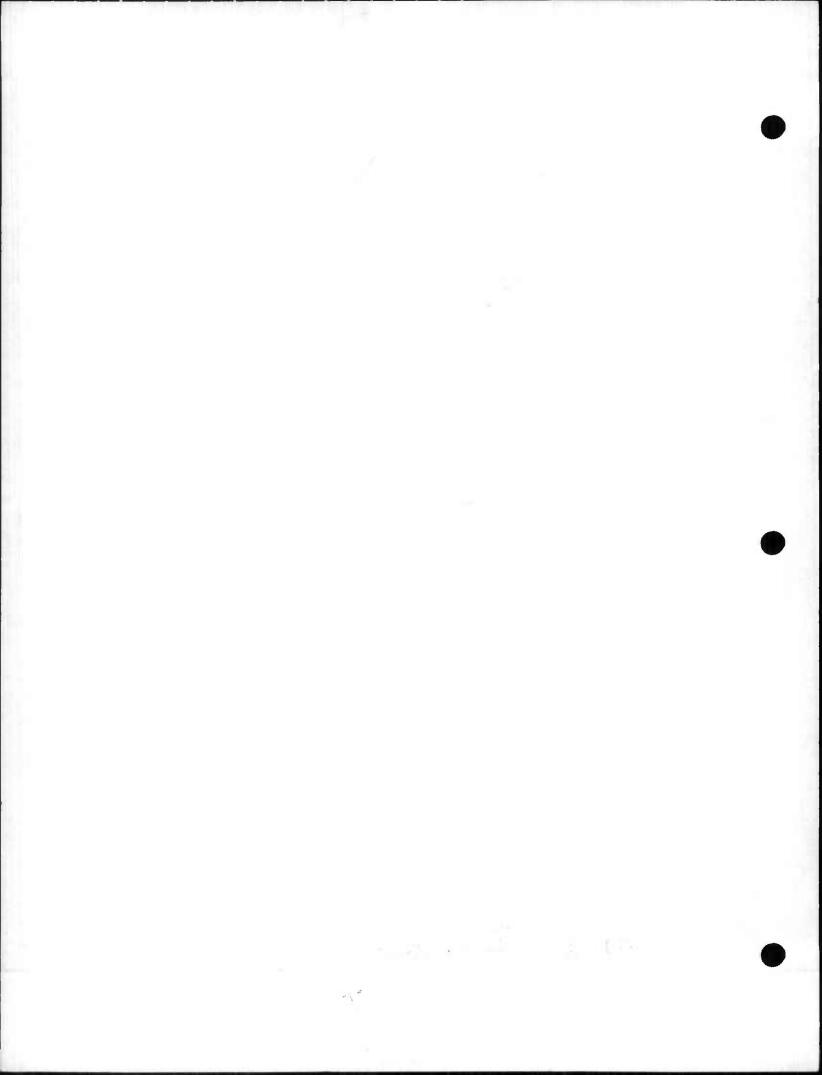
RINCE

PERSON WHO COMPLETED CAUSE OF

92

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month,



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	1 - STATE REGISTRAR	STATE OF MARYL	LAND / DEPAI CERTIF	RIMENT OF H	HEALTH AND	MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, L	Charles Klu	ute			2. DATE OF DEATH DA	92	3. TIME OF DEAT	
	4. SOCIAL SECURITY NUMBER 568-28-2825	1 X M 2 □ F	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8 18		BIRTHPLACE (State or Re Country) —CALIFORN	
TOR	99. FACILITY NAME (If not institution, g NATIONAL LU' RESIDENCE OF DECEDENT	THERAN HOME			KVILLE	EATN		TGOMERY (
DIRECTOR	DC 100. STATE 10b. COI	УТИ	10c. Cr1	WASHIN	4.77			10d. INSIDE CITY LIMITS? 1XXYES 2	
FUNERAL	100. STREET AND NUMBER 4545 — CONT	NECTICUT AVE		W.	20008			U.S.A.	
B√	1 Never Married 2 Married 3X Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 Tyes	2)(10	If yes, sp	ecify Cuban, Mexica 2 XNO Specify	NIC ORIGIN? (Specify Yes in, Puarto Rican, etc.)	or No-	Black, White, atc. Specify: WHITE	
LETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	rade completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	and the same of th	ON st of working	16b. KIND OF BUS			
COMP	17. FATHER'S NAME (First, Middle, Last)		CHE	MIST	1	ME (First, Middle, Meiden S	Sumame)	LABORATOR	
TO BE	HENRY LOUIS 190. INFORMANT'S NAME (Type/Print) REV.DR.REICHA				nd Number or Rural I	OA AUGUST Poute Number, City or Town	, State, Zip Co	ode)	
	20s. METNOD OF DISPOSITION LX Burisi 2 Cremation 3 A 4 Donation 5 Other (Specify)	20b removal from State	D. PLACE AND DATE	OF DISPOSITION (Na	me of		ATION — CIP	y or Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE	Hadro	T.LINC	22. NAME AN	SONG CO	CILITY		DD, MD.	
CERTIFICATION	23. PART I. Enter the diseases, shock, or heart fellu iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO FOR AS A DUE TO FOR AS A DUE TO FOR AS A C. DIASE	MONIA A CONSEQUENCE OF	F):				Interval Be Onset and	
MEDICAL	PART II. Other significent condit	lone contributing to deeth b	out not resulting	n the underlying	ceuse given in l	Pert I. 24s. WAS AN A PERFORN 1 YES 2	NED?	24b. WERE AUTOPSY FINANALABLE PRIOR 1 COMPLETION DF COF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATN	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	ACE OF DEATH (Che	8 Other (Specify)			
D BY P	XNatural 8 Pending Investigation 3 Suicide a Could not	(Month, Day, Year)	- At home, farm, s	M 286. INJU	ES 2 NO	28d. DESCRIBE HOW IN.	HOW INJURY OCCURED (Street and Number or Rural Route Number,		
BE COMPLETE	4 Nomicide datarmined	YSICIAN: To the best of my knowl	ledge, death occurre	d at the lime, date	end piece, and due path occured at the 1	time, date and place, end	due to the co	guse(s) and manner as sta	
		PIER	UN ATN (ITEM 27) (Type, 19511			BER ?	29d. DATE SI		

Summer of the Control of the Control

	FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND N OF DEATH	MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Leet) WILLI AM	Richard		VE		2. DATE OF DEATH	- 92	3. TIME OF DEATH PM
	4. SOCIAL SECURITY NUMBER 213-05-92-62 9. FACILITY NAME (II not institution, give s	1 12 M 2 D F 9	3 yrs. lest birthday)		AR IF UNDER 24 HRS. YS HOURS MIN. WN OR LOCATION OF DE	7. DATE OF BIRTH	96. COUNTY OF	AR-YLAND
20	CAROLL LUT	VILLIGE	NUR	WE	STMIN	STER	CAI	2POLL
DIRECTOR	Md. Bal	ltimore		y, town on L eister				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
UNERAL	100. STREET AND NUMBER 211 Delight	t Rd.			101. ZIP CODE 21136	5		WHAT COUNTRY?
2	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D		If ye	DECENDENT OF HISPAN s, specify Cuben, Maxice YES ZY NO Specify	n, Puarto Rican, atc.)	Bia	CE — American Indien, lock, White, etc.
COMPLEIEU	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)		life. Do NOT us	work done durin	PATION g most of working	16b. KIND OF BUS	sit Comp	any
DE CO		H. Logue			Me	ME (First, Middle, Maiden ary Beard		
2	Mary Ruth Kirby		211	Deligh	t Rd., Reis	sterstown,	Md. 211	
	20s, METHOD OF DISPOSITION 1	I	other place)	c Ch.	cemetery, crematory or Cem. Oct.	12,1992 Sm	cation — city or allwood,	
	21. BIGHATURE OF FUNCTIAL SERVICE LIC	bleadt		Ec	khardt Fund 605 Reister	eral Chape		21117 Md.
CERTIFICATION	IMMEDIATE CAUSE (Final	a. ACUTE DUE TO (OR AS A DUE TO (DR AS A C.	A CONSEQUENCE O	CA (2) FI: LE(10) FI:	mode of dying, suc	NFARL	CTION	Approximate Interval Between Onset and Death
AL	PART II. Other algnificent condition	ns contributing to death t	out not resulting	In the unde	rlying ceuse given in	Part I. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
N: MEDIC						1 🗆 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	petient 3 DOA	OTHER:	26. PLACE OF DEATH (Ch			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIA	JURY	c. INJURY AT WORK? I YES 2 ND	28d. DEŞCRIBE HOW I	NJURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, stc. (Spe		street, fectory,	office	281. LOCATION (Street City or Town, State)		il Route Number,
COMPLETED	one)	ICIAN: To the best of my know ER: On the basic of examination						e(e) end manner ee stated.
O BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Ilble	E M.	D.	29c. LICENSE NUI	496	≥ NATE SIGN	ED (Month, Day, Year)
=	DANIELI	O COMPLETED CAUSE OF DE	IVER	e, Print) M. D	912 K	178H/	VETOV STIER	ROAD
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	Handall					•

ped by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions be filled within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner ment has a DIVISION OF VITAL RECORDS, P.O. BOX 68760,

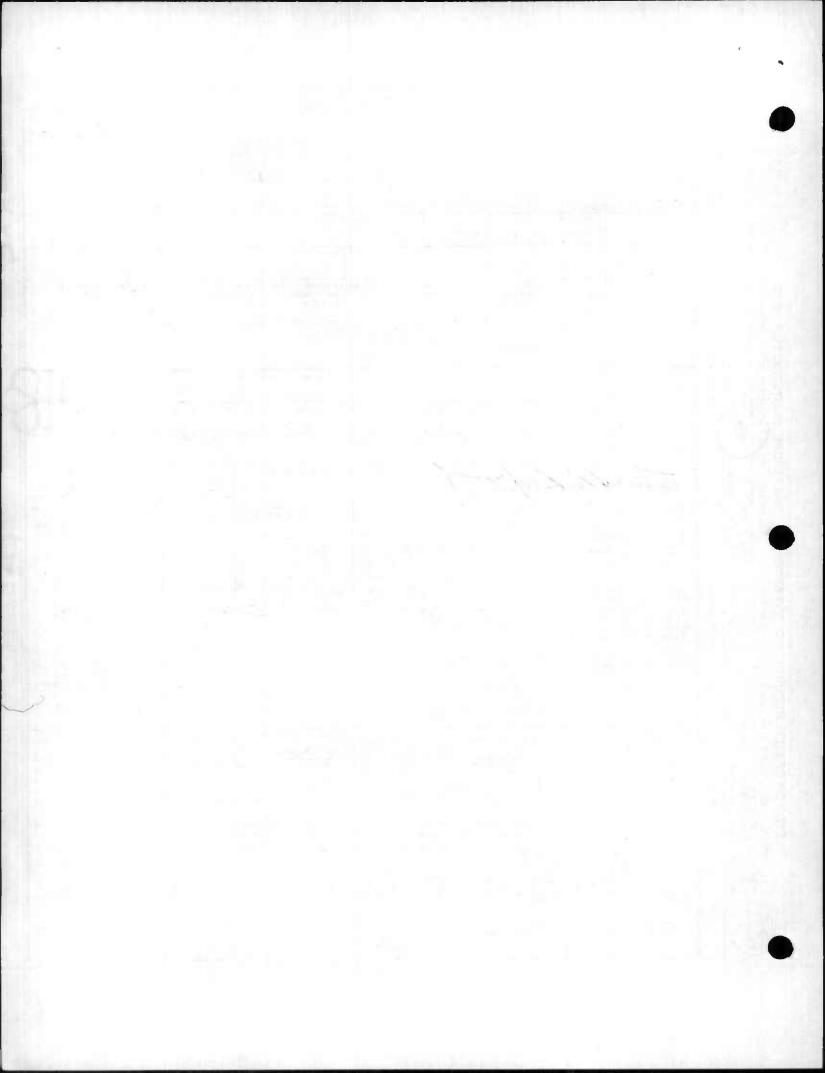
page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

ed at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	110	3. TIME OF DEATH
	MARJORIE LIN	DLEY	LILES	3		OCIOBER 7	1992	8130 Am
		SEX 6.	AGE (In yrs. lest birthday) 72. YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)
	9a. FACILITY NAME (If not institution, give stree	- 1	160	9h CITY TOWN	OR LOCATION OF DI		1,920 G	EORGIA
DIRECTOR	P.O. BOX 105 BUCK		OAD	CALLAV			ST. M	
입	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY
5	MARYLAND ST. M	ARY'S	CA	LLAWAY				LIMITS?
	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ER	P. O. BOX 105 BUCK	REDMOND	ROAD		20620		I INTERIOR	D STATES
FUNERAL	11. MARITAL STATUS 1	WAS DECEDENT EV	ED IN U.S. ADMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Ye		RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	OR DATES		ecify Cuban, Mexics 2 NO Specifi	in, Puerto Rican, etc.) y:	S	Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cou	ION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUSTR	
Ē,		College (1-4 or 5+)	Iffe. Do NOT u	work done during mo se retired.)	ist of working			
E I	12	2	HOME	MAKER				
Ö	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
BEO	HARRY EDMUND LIND	EY			FLORENC	F GRACE DA	24.1.14	
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow)
F	DAVID D. LILES		P.O. E	30X 105 E	BUCK REDA	MOND ROAD	CALLAN	AY. MD 20620
	20s. METHOD OF DISPOSITION 1 St Burlel 2 Cremetion 3 Remove	I from State	20b. PLACE AND DATE	OF DISPOSITION (No			CATION - City o	
	4 Donation 6 Dother (Specify)		TRINITY ME	MORIAL C	GARDENS	10/10 W	ALDORF.	MARYLAND
1	21. SUPPLATION OF FUNERAL BERYOL LICEN	m/X	J	22. NAME AF	O ADDRESS OF FA	BRINSFIN 59 N. W	ELD FUN ASHINGTO	ERAL HOME ON STREET
-	23. PART I. Enter the disesses, or con	onlications that on		not enter the me	do ad duda a suc	LEONARD	TOWN. M	ARYLAND 20650
	shock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause of	on each line.	-Ans	gst of			Approximata interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH	AS A CONSEQUENCE OF	Anla	hylkm	D.	- 120	Men.
CERTIFICATION	CAUSE (Disesse or Injury that initiated eventa resulting in death) LAST	OUE TO (OH	AS A CONSEQUENCE OF	4//	1			0
DICAL	PART II. Other significent conditions of	ontributing to des	th but not reaulting	in the underlying	g ceuse given in	Part I. 24e. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME								1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)		
ပ္က		OSPITAL:	Outpatient 3 DOA	OTHER:				
Ë	27. MANNER OF DEATH	28a. DATE OF INJU	JRY 28b. TIM			8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	0
	Natural 5 Pending	(Month, Day, Ye		JURY WO	RK?	200. DESCRIBE NOW I	NJOHT OCCOREC	
B	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF IN.	JURY — At home, ferm, t			281, LOCATION (Street I	and Number or Du	ont Bords Number
8	4 Homicide 6 Could not be determined	building, etc.	(Specify)			City or Town, State)	Ind Humber of No	an nouse Number,
COMPLETED						to the cause(a) and mar		
3	MEDICAL EXAMINER: (on the beats/of examin	nation and/or investigation	on, in my opinion, d	eath occured at the	time, data and place, an	d due to the cau	se(a) and manner as stated.
TO BE	29b, SIGNATURE AND TITLE OF CENTIFIER	. 0/	WOE N	10	29c. LICENSE NUN D06419	ABER	29d. DATE SIGN	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED GAUSE OF	F DEATH (ITEM 77) (Type,	, Print)				
	J. PATRICK JARBOE 31. DATE FILED (Marris Day Marr)	MD M	EDICAL ART	S BLDG.	LEONARD	DIOWN. MARY	(LAND 20	0650



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thin 24 hours after death. Page 6 may be retained by the hospital or a	stely filled in by the funeral director, page 5 should be detached for use as the burial-transit mation, or removal.
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at the death certificate	ne attending physician and Aental Hygiene prior to bu
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DAN	Inte St
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY VEAR **JAMES** MICHAEL LINDON 10 992 7:56 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 07-28-64 HOURS Virginia 218-88-9758 **™** 2 ☐ F VRS 28 pinoc 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CALVERT COUNTY CALVERT MEMORIAL HOSPITAL PRINCE FREDERICK RESIDENCE OF DECEDENT IDC. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel Crofton 1 TES 2 XX FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2446 Vineyard Lane 21114 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1. YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black. White, etc. If yes, specify Cultan, Mexican, Puerto Rican, 1 YES 2 AND Specify: 1 Never Married 2 Warrie IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Refinisher 12 Cameo Bronze be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Bernard Lindon, Jr. Margaret Metler BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Kimberely M. Lindon 2446 Vineyard Ln. Crofton, MD 21114 20s. METHOD OF DISPOSITION

h Burial 2 Cremation 3 Rem

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State examiner must Cemetery akemont 10-08-92 Davidsonville, MD 21. SIGNATURE OF FUHERIAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Home 147 Gloucester St. Annapolis, MD 21401 medical 23. PART i. Enter the dis ea, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line interval Betwe IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition_ 9 resulting in death) or Item 23 shows any injury, or other traumatic event, DUE TO (OR AS A CO QUENCE OF PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO 1 VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☐ Inpatient 2 M ER/Outpatient 3 ☐ DOA OTHER: 1X XES 2 □ NO ne 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation thoundrom auto 1 YES 2 XND 10-03-1992 BY 2 Accident
3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 6 Could not be COMPLETED 4 Homicide e hospital, or attached bineral awithin 72 hours ON ROAD RT.4 IN PRINCE FREDERICK 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only IMPORTANT: II 2 M MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 로 크로 0 23 O.C.M.E. 10-04-1992 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

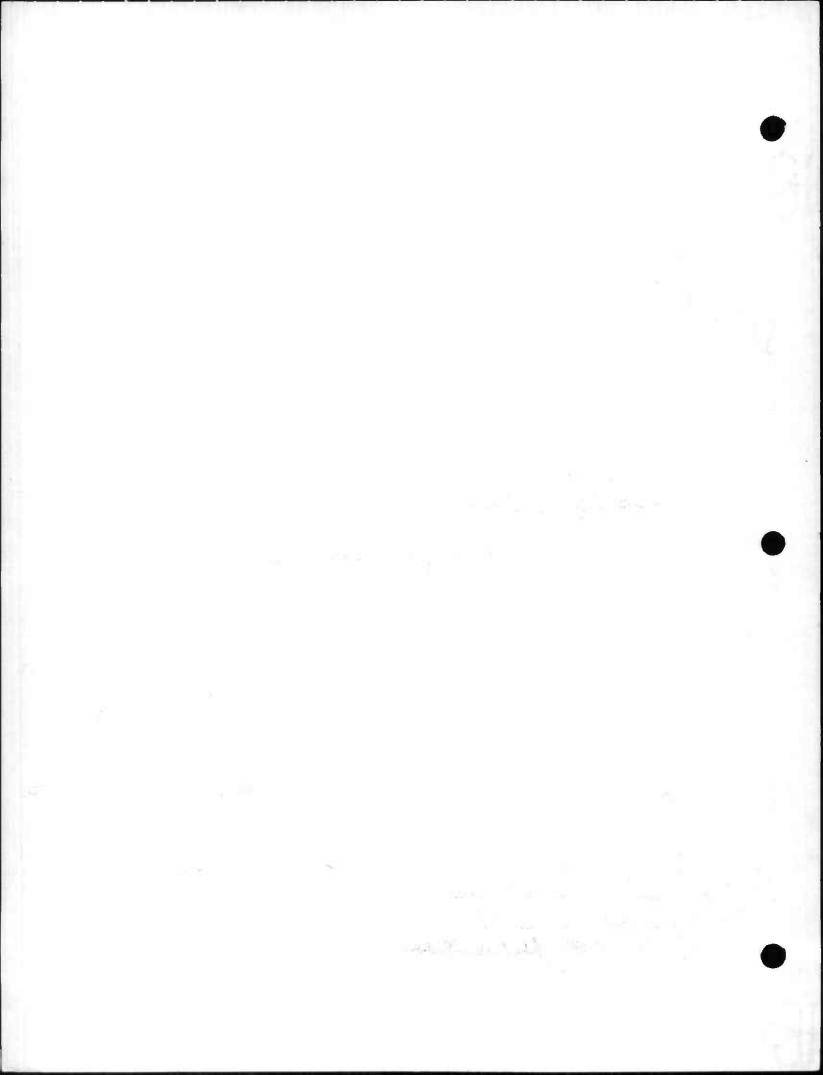
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32. REGISTRAR'S SIGNATURE

Penn Street, Baltimore,

21201

Maryland



Pages 1, 2, 3 should

permit.

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funeral director, page 5 should be detached

sorted by the attending physician and completely filled in by the

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Mills c

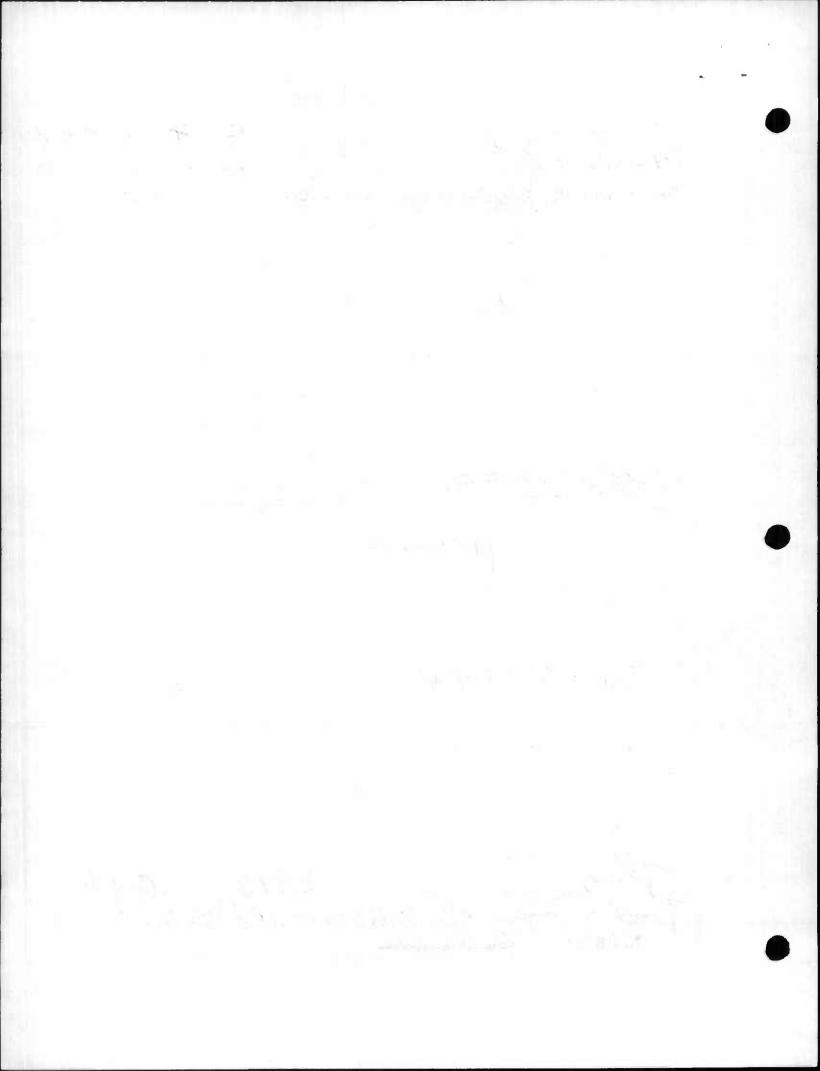
After

DIRECTOR. J

that the death certificate be executed within CORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: DIVISION OF TO THE HOSPITAL (
TO THE FUMERAL D
TO find within 72 h
IMPOGTANT: If in

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Harold Richard Loving, 2. DATE OF DEATH 3. TIME OF DEATH NONTH O Harold ouing 2:16 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Year)
7-31-1947 IF UNDER I YEAR 8. BIRTHPLACE (State or Foreign 578-60-5863 Washington DC 45 DAYS HOURS MIN 1 M 2 F Sa. FACILITY NAME (If not institution, give street e 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Southern MD Hospital Center DIRECTOR lin RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY St. Mary's Mechanicsville Maryland 1 YES 2 NO FUNERAL 10a, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 53 Shoreview Drive 20659 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 \(\subsection \) NO IF YES, GIVE WAR OR DATES 1966-1967 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or 14. RACE — American Indian, Black, White, etc. If yes, specify Cubs
1 ☐ YES 2XXNO 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Painter Automotive onca. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Harold R. Loving, Sr. notified at Joyce Edna VanHeeten 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Wyona B. Loving 53 Shoreview Drive, Mechanicsville, Md. 20659 must be METHOD OF DISPOSITION
Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1 S Buriel 2 Cremation 3 L 4 Donation 5 Other (Specify) Mary Tano Veterans' Cemetery 10-7 Cheltenham, MD medical examiner 21. SIGNATURE OF TUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
HUNTT FUNCTAL HOME Jayann) Benjamin M. Matthews M00658 P. O. Box 156, Waldorf, Md. 20604-0156 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition NEUMONIS event, resulting in death) DUE O (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 10 shows any injury. PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 YES 2 | NO 12 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO petient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) è 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED is marked, 10 Netural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 28 4 🗌 Homicide 29a, CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE LICENSE NUMBER 29d. DATE SIGNIA Mouth, Day, Year 2 30. NAME O ADDRESS OF PERSON WHO COMPLETED CAUSE OF DENCH (ITEM 27) Type, 31. DATE FILED (Month, Day, Year) OCT 08 92 Julie Davidson-Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



YEAR

3. TIME OF DEATN

2. DATE OF OEATH MONTH DAY

1 - FOR STATE REGISTRAR

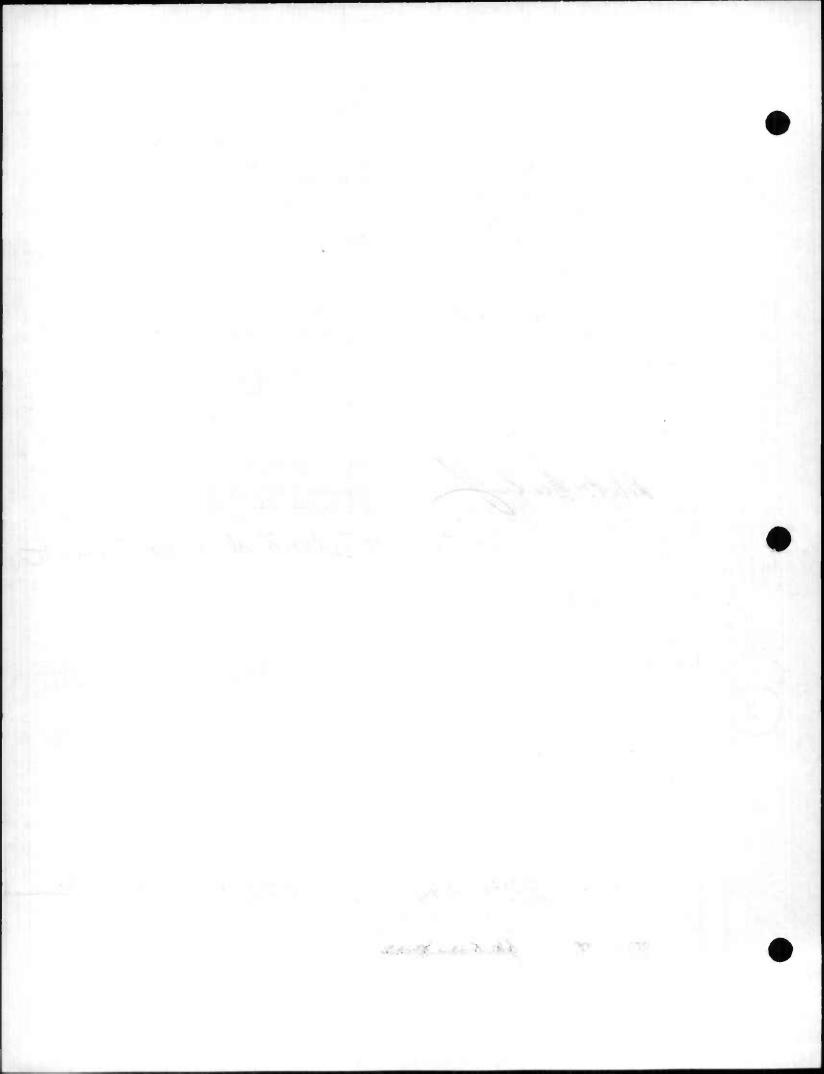
1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL BECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The first me manufacture described within 24 hours after death. Page 6 may be retained by the hospital or attending physicia

			NELS	SON	F.	LAT	WSO	N			Sept.	24.	1992	YEAR	4:44 7
	4. SOCIAL SECURITY NU 217-09-52		5. SEX	1	In yrs. last birt		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF	BIRTN			LACE (State or F
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CTOR	RESIDENCE OF D		di nospit	aı					risf	тета	, MD		So	mers	et
SE	10e. STATE	10b. COUN	TY		10	Dc. CITY,	TOWN (OR LOCAT	ION						10d. INSIDE CIT
DIRE	Maryland	So	merset				C	risf	ield						LIMITS?
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BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 D		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W W . II	X YES	2 NO			If yes, sp	ENDENT Cocify Cube	n, Mexica	IIC ORIGIN? (S n, Puerte Ricar	pecify Yee n, etc.)	or No-	14. RACE - Black, Specify	American Indi White, etc.
윤	15. D (Specify of	ECEDENT'S ED	UCATION de completed)		16a. DECEDE	ENT'S U	SUAL O	CCUPATIO	ON st of workin	-	16b. KIN	D OF BUS	INESS/INDU	STRY	
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COMPL	H. S. Grad				Carp	pent	er					Cons	struc	tion	
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0	19a, INFORMANT'S NAME		/*** 5	\	19b. MA	AILING A	DDRESS	Street e	nd Number	or Rural F	Poute Number, C	City or Town	, State, Zip C	Code)	
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	4 Donetion 5 C Oth	ner (Specify)	-	Suj	wric	ige :	Mem	oria	1 Par	rk-9	/26/92	Cı	risfi	eld,	MD
	21. SIGNATURE OF TUNE	MAL SERVICE L	ICHRICE /	//			22.	NAME AN	D ADDRES	S OF FA	CILITY				
- 1	Pohort	111.1	adshaw a	7			B	rads	haw a	So	ns Fun	eral.	Home		21817
	iMMEDIATE CAUSE (F disease or condition resulting in death)		· A	cu	CONSEQUEN		M				as cardiac				Internal f
ERTIFICATION	disease or condition	litions, nediate Ying	8. DUE TO .	(OR AS A	Te.	ICE OF):	M								Internal fi
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O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	disease or condition resulting in death) Sequentially liet cond if any, lasding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated aventa resulting in daeth) LA PART II. Other signification in the condition of the	Pending Investigation Could not be determined RTIFYING PNYS DICAL EXAMINITION E OF CERTIFIE	B. DUE TO (b. DUE TO (c. DUE TO (d.)) HOSPITAL: 1 Inputent 2 Description of the contributing to (Month, Description) 28e. PLACE OF building, (c.)	(OR AS A (OR	CONSEQUENCE CONSEQ	ICE OF): ICE OF	The un The un	26. PL i: ling Nome 28c. INJU WOF 1	Cause g	Ivan In I	Part I. 24a 1 Ck only one) 5 Other (Sp. 28d. DESCRIE 28t. LOCATION City or You to the cause(a) time, date and	. WAS AN A PERFORM PERFORM YES 2 VES	JURY OCCU	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Interval B Onset and VERE AUTOPSY F WAILABLE PRIOR OMPLETION OF 6 F DEATH? YES 2 1
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially liet condition resulting in death) Sequentially liet cond if any, lasding to imm cause. Entar UNDERL CAUSE (Disease or in that initiated aventa resulting in daeth) LA PART II. Other signification in the condition of the condition	Pending Investigation Could not be determined Por CERTIFIE OF PERSON WE	B. DUE TO (b. DUE TO (c. DUE TO (d.)) HOSPITAL: 1 Inputent 2 Description of the contributing to (Month, Description) 28e. PLACE OF building, (c.)	(OR AS A (OR	CONSEQUENCE CONSEQ	ICE OF): ICE OF	The un The un	deriying 28. PL 1: ining Nome 28c. iNJU WOF 1 Yi pry, offica	Cause g ACE OF DE ACE OF DE TRY AT RES 2 and place, afth occurre 29c. LICE	Ivan in in in in in in in in in in in in in	Part I. 24a 1 [Ck only one) 3 Other (Sp. 28d. DESCRIE 28t. LOCATION City or Tox to the cause(a) time, date and BER	. WAS AN A PERFORM PERFORM YES 2 VES	JURY OCCUI	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Interval B Onset an VERE AUTOPSY F WAILABLE PRIOR OMPLETION OF F P DEATH? YES 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach-
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

d for use as the burial-transit permit. Pages 1, 2, 3 should or attending physician. ŏ cremation, item 23 shows any injury, or other traumatic event, Hygiene prior to burial of Health and Mental Dept State 28 is marked, or the this c HOSPITAL DR ATTENDING PHY After FUNERAL DIRECTOR: within 72 hours after item .

BALTIMORE, MARYLAND 2/215-0020

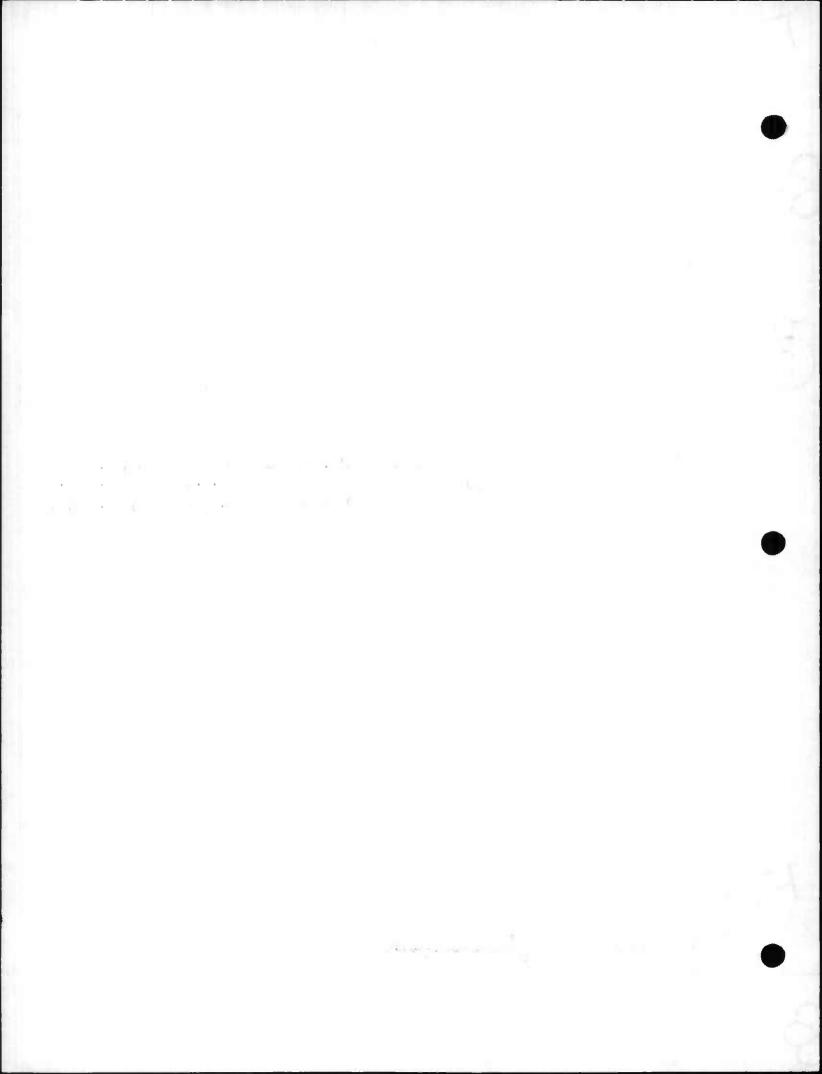
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR P SCOTT HOLBROOK LOUGEE M OCT 6 1992 3:50 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 🔲 M 2 🗌 F 213-84-3065 SEP 24 1961 CONNECTICUT 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR L NAVAL MEDICAL CENTER **BETHESDA** MONTGOMERY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY PRINCE GEORGE'S MARYLAND COLLEGE PARK 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 4700 DREXEL ROAD 20740 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1- YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married 87 1 TES 2 NO Specify: 3 Widowed 4 Divorced 1980 - 1985 WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) entary/Secondary (0-12) College (1-4 or 5+) 12 U.S.NAVY **DEFENSE** 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at 8 DHANE ALLEN LOUGEE MARSHA NETTLETON 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 20740 PARK, DHANE A LOUGEE 4700 DREXEL ROAD COLLEGE MD 8 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 1 1 Burial 2 □ Cremation 3 □ R Arlington Nat'l. Cemetery 4 Donation 5 Other (Specify) 10/9 Arlington Va. examine 21. SIGNATURE OF FUNERAL BERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY W.W. Chambers Co. Inc. 670 name 5801 Cleveland Ave. Riverdale, Md. 20737 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition POSSIBLE RECURRENT BRAIN TUMOR/RADIATION NECROSIS resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 X NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1

Inpatient 2 □ ER/Outpatient 3 □ DOA OTHER: 1 TES 2 NO me 5 - Residence 8 - Other (Specify) 4 - Nursing Ho 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 5 Pending 1 Natural 1 YES 2 NO BY 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and menner as stated TO THE HOSPITAL ITO THE FUNERAL CODE filed within 72 his important. If it (Check only one) 2 MEDICAL EXAMINER: On the baels of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(e) and manner ee stated. Mul or de 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE MA 10 92 107 0 30 NAME AND ADD PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NATIONAL NAVAL MEDICAL CENTER BAYAN MASON, LCDR, MC, USN

32. AEGISTRAD'S SIGNATURE

DHMH-16 Rev 1/89

BETHESDA, MD 20889-5600



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	1.	D	ECEDENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

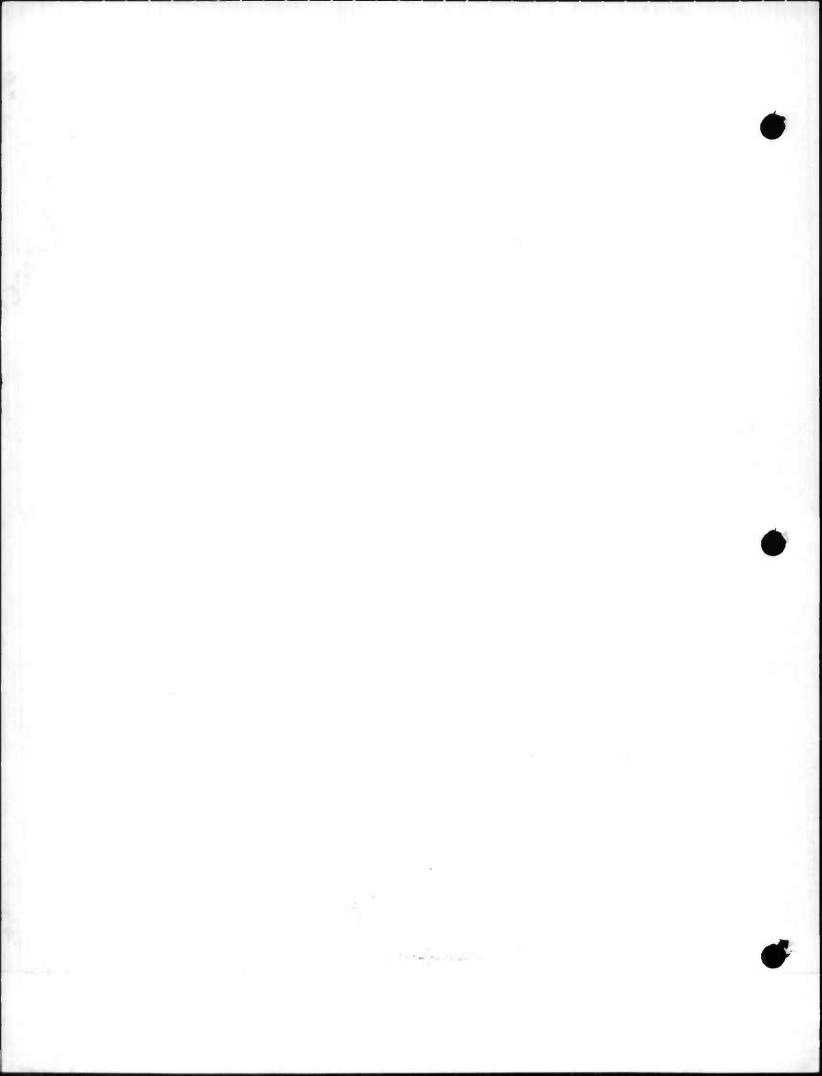
	REGISTRAR		CERTIFI	CATE O	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) FRANK GILMO	RE LEE				2. DATE OF DEATH BONTH D	6 92	3. TIME OF DEATH 5:10 arm			
	4. SOCIAL SECURITY NUMBER 220-26-6249		(In yrs. last birthday) 61 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 05-31-3	Cou	THPLACE (State or Foreign intry)			
TOR	90. FACILITY NAME (If not institution, give a MONTCOMERY RESIDENCE OF DECEMENT	STRAL HOSP	TAL	96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF				
DIRECTOR	10e. STATE 10b. COUNT	ontgomery		TOWN OR LOC	Spring			10d. INSIDE CITY LIMITS? 1 YES 2X XNO			
FUNERAL	100. STREET AND NUMBER 14132 Grand Pr	e Road, #3	1	1	01. ZIP CODE 2090	6		WHAT COUNTRY? S.A.			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes,	CENDENT OF HISPA pecify Cubin, Mexic S & MO Speci	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	Bla	CE — American Indian, ick, White, etc.			
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12) 8 th	CATION completed) Coffege (1-4 or 5+)	We. Do NOT use	ork done during in retired.)		Mont	siness/industry	Schools			
BE CON	17. FATHER'S NAME (First, Middle, Lest) John W. Lee		1			ME (First, Middle, Malden Daisy I		er			
TO B	19a. INFORMANT'S NAME (Type/Print) Frank Lee, Jr.	(son)	19b. MAILING 9335	ADDRESS (Street	end Number or Aural urn Pla	Route Number, City or Tow	n, State, Zip Code)	g, MD 2087			
	20e. METHOD OF DISPOSITION XXBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	Novel from State	b. PLACE AND DATE O metery, cremetory or off SII MEINOI	FDISPOSITION	emetery	1 .	cation - city or Sandy S	pring, MD			
	21. BIGMATURE OF FUNERAL SERVICE LA	Ano	when	SNO	WDEN FU KVILLE,	NERAL HON					
	23. PART I. Enter the displaces, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. SQUAM	ed the death. Do no each line. US Cell OUS A CONSEQUENCE OF	CA ELL		h as cardiac or respi	ratory arrest,	Approximate interval Between Onset and Death Zyrs			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant condition	e contributing to death	but not resulting in	the underlyi	ng cause given in	Part I. 24a. WAS AN PERFOR	IMED?	Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C)	eck only one)					
HYS	1 TYES 23 NO 27. MANNER OF DEATH	1/8 Inpetient 2 - ER/Out	patient 3 DOA 28b, TIME	4 Nursing Ho	me 5 🗆 Residence	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED				
D BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28e. PLACE OF INJUR	Y — Al home, farm, st	M 1	YES 2 NO	281. LOCATION (Street a	and Number or Rure	Pouto Number			
1919	4 Homicide determined	building, etc. (Spe	scriy)			City or Town, State)		C. F. C. S. C. M. C.			
COMPLEIE	(Check only	CIAN: To the best of my know R: On the basis of examination						(e) and manner as stated.			
N N	296. SIGNATURE AND TITLE OF CERTIFIED	R			29c. LICENSE NUI		29d. DATE SIGNE	D (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH			_	102312		- 10-6	0.42			
	31. DATE FILED (Morith, Day, Year)	132. REGISTRAR'S SIGN	NATURE	<u> </u>	LE PHILI	P DR DI	NEY M	0 20832			
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maned by the hospital or attending physician.

be notified at once.

BALTIMORE MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner or DIVISION OF VITAL RECORDS, P.O. BOX 68760,



BALTIMORE, MARYLAND 21203-3146	HOSPITAL OR ATTENDING PHYSICIAN THE LINE THOUGH THE LINE THE COMMISSION CONTINUES AND ADMINISTRATION OF THE HOSPITAL OF ATTENDING PHYSICIAN THE LINE THOUGH AND ATTENDING PHYSICIAN.	LUNERAL DIRECTOR: After this certificule increases a part of the man invasion and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State bear, of pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State bear, of pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	TANT: If item 28 is marked, or item as a training an other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	cate be exec	physician and re prior to bu	er traumati
P.O.	death certif	athending :	ry, or oth
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PREC	law requi	Dept. of the	GE-AMON!
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DIV	X	S SE	E
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yours after death. Page 6 may be retained by the hospital or attending physician.	lied in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, n, or removal.	e medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN, THE Law requires that the dearn certificate be executed within 2. Sours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certify the transmission of the property of the property filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 so be filled within 72 hours after death with the Same Deat, of partial forms in printed printed for the printed permits of the printed permits.	IMPORTANT: If item 28 is marked, or item at artisms any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Leat)	AGE HENRY	MARTIN 7/	Ma	rtin	2. DATE OF PRATY	2/199	2 8:46 P M	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		NRTHPLACE (State or Foreign country)	
170-01-7475	1 🔀 M 2 🗆 F	81 YRS. M	ONTHS DAYS	HOURS MIN.	09/23/1	.911 Si	NOW HILL, MI	
9e. FACILITY NAME (If not institution, give at	reet and number)	-	b. CITY, TOWN	OR LOCATION OF DI		9c. COUNTY	OF DEATH	
DORCHESTER GENE	RAL HOSPI	TAL	CA	MBRIDGE		DOR	CHESTER	
10+, STATE 10b, COUNTY		10c. CITY,	TOWN OR LOC	ATION			10d. INSIDE CITY	
MARYLAND DO	RCHESTER			BRIDGE		10g. CITIZEN	1 YES 2 ☐ NO OF WHAT COUNTRY?	
316 CRUSADER F	ROAD			21613			U.S.A.	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? ** YES IF YES, GIVE WAS OR I WORLD WA	2 NO	If yes, s	CENDENT OF HISPAI pecify Cuben, Mexico S 2 ZANO Specif	NC ORIGIN? (Specify Ye n, Puerto Rican, atc.) y:		RACE — American Indien, Black, White, etc. Specify: WHITE	
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S U	SUAL OCCUPAT	TION	16b. KIND OF BU	SINESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)					
12th		PRODUC	T SEL	ECTOR	GROCI	ERY		
17. FATHER'S NAME (First, Middle, Last)				I (V a)	ME (First, Middle, Maiden	Sumeme)		
THOMAS MARTIN EMMA PARKES 196. INFORMANT'S NAME (Type/Print) DALICHTED 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 95129								
ELIZABETH CUST	DAUGHTER IS MARTIN				SAN JOSI			
20e_METHOD OF DISPOSITION 1 ABuriel 2 Cremetion 3 Rem	20	other place)	TION (Name of c	emetery, cremetory or	20c. LC	CATION — City		
4 Donetion 5 Other (Specify)		OWNING M	_	AND ADDRESS OF FA		AK HAL	L, VA.	
CURRAN FUNERAL HOME 308 HIGH ST., CAMBRIDGE, MD. 21613								
23. PARI Enter the diseases, Dr							Approximate	
shock, Dr heert fellure.		esch line. Ostatic	Can	cer			Interval Between Onset and Death	
IMMEDIATE CAUSE (Finsi disease or condition	PR	OSTATIO		AWCEY	>_		10mo	
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):		1,1000				
Sequentially list conditions,	b	A CONSEQUENCE OF):						
If sny, leeding to immediate cause. Enter UNDERLYING	DOE TO (OH AS	A CONSEQUENCE OF):					į	
CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
resulting in death) LAST	d							
PART II. Other significent condition	e contributing to deeth	but not reaulting in	the underlyl	ng cause given in	Part I. 24a. WAS AI		24b. WERE AUTOPSY FINDINGS	
					1 🗆 YES		COMPLETION OF CAUSE OF DEATH?	
					_		1 TYES 2 NO	
		-						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C)				
1 YES 2 LINO 27. MANNER OF DEATH	1 Pinpetient 2 ER/Ou 28a. DATE OF INJURY			nme 5 - Residence	6 Other (Specify) 28d, DESCRIBE HOW	IN ILIDY OCCUP	ED.	
1 Nitural 5 Pending	(Month, Day, Year)		RY V	YORK?	284, DESCRIBE NOW	moon occor		
3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, atrectly)	reet, fectory, of	lice	261. LOCATION (Street City or Town, State		tural Route Number,	
4 Homicide determined								
cord only	CIAN: To the best of my kno						ouse(e) end menner ee stated.	
295. SIGNATURE AND TITLE OF CENTURE	7			29c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)	
Jubut	frem to	2		D22-	773	> /c	7/12/92	
SO, NAME AND ADDRESS OF PERSON WAS	G EN I	DEATH (ITEM 27) (Type, I	v3 7	34,20	5T C1	m Ba	LIKE MID	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	INATURE D		/ 1		- 1 - 1	2613	

State will a second

BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF N					ALTH AND I	MENTA	AL HYGIEN REG. NO.	E	12	29708
	1. DECEDENT'S NAME (First, Middle, Last)							2. DAT	E OF DEATH	44	VELO	3. TIME OF DEATH
	Helen Grant	McEa	chern						ober 12	2, 19	992	9:50 A.W
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER	-	IF UNDER 24 HRS.	7. DATI	E OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	247-52-2615 90. FACILITY NAME (# not institution, give s	1 M 2 🔀 F	85	YRS.	MONTHS Sh. CITY		LOCATION OF DE	8/1	1th, Day, Year) 3/1907	I a. aas	West	t Virginia
DIRECTOR	St. Mary's Nursi		r				dtown	CAIN				ry's
E C	10e. STATE 10b. COUNTY	1		10c. CITY	, TOWN O	R LOCATIO	ON					10d, INSIDE CITY
		Mary's		Le	onar	dtow	n					LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER Cedar Lane Apt.					10f. 2	20650			10g. CI1	U.S.	WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDEN			13. \	WAS DECE	NDENT OF HISPAN	NIC ORIG	IN? (Specify Yes	or No	14. RAC	E — American Indian,
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 X	NO	;	Yes, spec	elfy Cuben, Mexice NO Specifi	in, Puerto ly:	Rican, etc.)		Spec	k, white, etc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G	CEDENT'S	rork done o	CCUPATION during most	of working	16	b. KIND OF BUS	SINESS/IN	DUSTRY	
12	Elementary/Secondary (0-12) 12th Grade 2	College (1-4 or 5 +)	Clerk		ict			U.S.	Coxx	, renome	n+
8	17. FATHER'S NAME (First, Middle, Lest)	. rears		Terk	тур		18. MOTHER'S NA	A		_	STIME	3110
E C	Olin Grant						Olivi		Pier			
00	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILINO	ADDRESS	(Street end	d Number or Rural I				n Cadal	
2	Olivia Love Arbu	ckle										nd 20653
	20s. METHOD OF DISPOSITION 1 Durisl 2 Coremation 3 Remo	oval from State	20b. PLACE	ANDDATEO	F DISPOSI	ITION (Nam	e of	DA	TE 20c. LO	CATION -	City or To	own, State
	4 Donation 5 Other (Specify)	0		Crema	itory	7	10/13,	/199	2 Cl.	into	n, Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	mone	7	M	latti		ardi				ne, P.A. and 20650
	23-PART i. Enter the diseases, or o	omplications that	caused the de	ath. Do n	ot enter	the mode	of dying, auci	h as ca	rdiac or reapi	ratory ar	rest,	Approximata
	ahock, or heart failure. I	A cu	te Re		er	\$	Pne	-	en d			Interval Between Onset and Death
	, , ,	DUE TO	OR AS A CONSE									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	QUENCE OF):							
TIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE OF):	_						
H	resoluting in dealth) CAST	1										
	PART II. Other significant condition	s contributing to	death but not r	eaulting le	n the un	derlying	cause given in	Part I.	24e. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
MEDICA	Senite	Dene	Mora						PERFOR	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ij.										2		OF DEATH?
												X
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					CE OF DEATH (Chi	eck only o	one)			
YSI	1 TYES 2 THO	1 Inpatient 2	ER/Outpatient 3	□ DOA	4 Nurs	t; ing Home	5 Residence	6 🗆 Oth	et (Specify)			
ву рну	27. MANNER OF GEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, De		28b. TIMÉ INJU	OF JRY M	28c. INJUF WORK	RY AT C? S 2 NO	28d. DE	SCRIBE HOW IP	NJURY OC	CURED	
ETED B	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At ho	me, farm, st	reet, facto	ory, office			CATION (Street e	and Numbe	r or Rural I	Route Number,
PLE	290. CERTIFIER Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurre	d at the til	me, date a	nd place, and due	to the ci	use(e) and men	ner ee sta	ted.	
COMPL	one) 2 MEDICAL EXAMINE											e) end manner ee stated.
ш	296. SIGNATURE AND TITLE OF CONTIFIER					:	29c. LICENSE NUN			29d. DAT	E SIGNED	(Munth, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WHO		1				1199	71	7	•	10/	12/42

TED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTBAR'S SIGNATURE Junia Davidson-Randall

Md.

20650

Leonardtown,

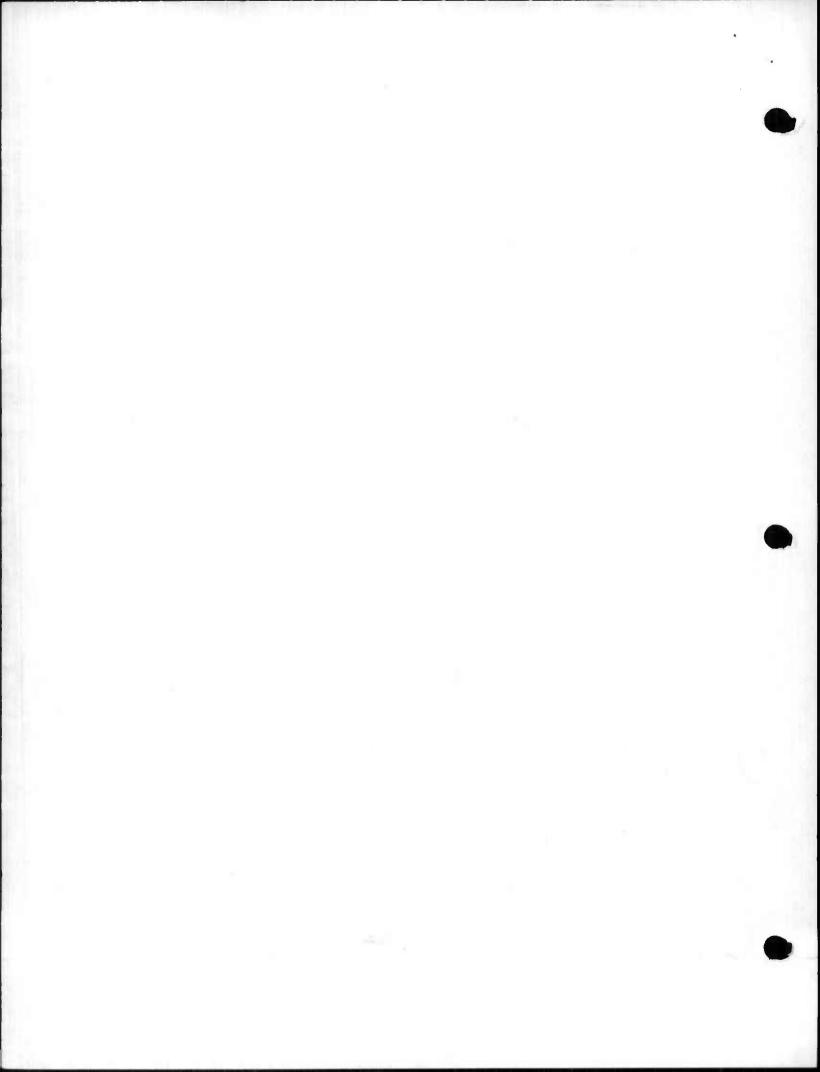
30. NAME AND ADDRESS OF PERSON WHO COM

James C. Boyd

31. DATE FILED (Month, Day, Next)

Boyd
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	fler this certificate has been supported by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Planes 1.2.3 should	0	F
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DAVID C. ALLEN.
31. DATE FILED (Month, Day, Year)

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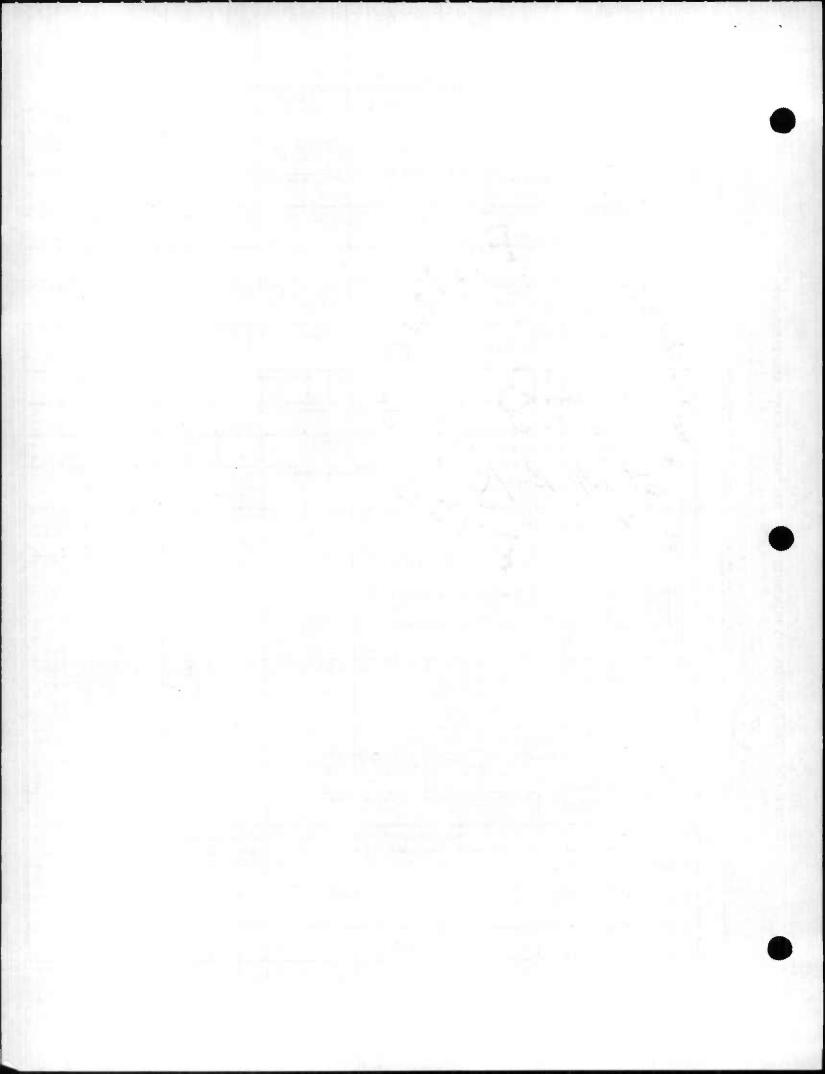
MD

1. DECEDENT'S NAME (First, Middle, Las	1)							2. DATE OF DEATH		3	. TIME OF DEATH
MARY JANE M	TURRAY							OCTOBER	12 19	YEAR Q2	11.04 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDE	T	IF UNDER		7. DATE OF BIRTH (Month, Day, You			ACE (State or Foreign
078-14-9952	1 🗆 M 2 📈 F	72.10	YRS.	MONTHS	DAYB	HOURS	MIN.	AUGIST 24			SYLVANTA
9a. FACILITY NAME (If not institution, give	atreet and number)			9b. CIT	Y, TOWN C	R LOCATIO	ON OF DE			NTY OF DEA	
ST. MARY'S NU	RSING CEN	TER		LE	CONAF	RDTOW	N		ST	MARY	10
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	nry		10c. CIT	Y, TOWN	OR LOCAT	HON					od. INSIDE CITY
MARYLAND ST	'MARY'S			RIDGE							LIMITS?
10e. STREET AND NUMBER	FIZIKE D		1 1	TDGC	-	. ZIP CODE			10g. CITI		AT COUNTRY?
RT 5 SOUTHRIDGE	APTS. # 18	3				2068	0				
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	RMED	13.	WAS DEC	ENDENT O	F HISPAN	NIC ORIGIN? (Specify	Yes or No-	TED S	- American Indian.
1 Never Married 2 Married	IF YES, GIVE W	YES 2. NAR OR DATES	NO		Il yes, sp	2 NO	n, Mexica	in, Puerto Rican, etc.		Black, V Specify:	White, etc.
3 Widowed 4 Divorced						27.				WHIT	E
15. DECEDENT'S EC (Specify only highest gra	de completed)	/G	CEDENT'S	work done	during mo	ON st of workin	g	18b. KIND OF	BUSINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	,	Do NOT us								
12 17. FATHER'S NAME (First, Middle, Last)	2		SECR	ETAR	Y	Brestower.			L SERV	ICE	
17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) HUGH J. MURRAY MARY JANE BARRETT											
19a. INFORMANT'S NAME (Type/Print)		194	b. MAIL INC	ADDRES	S (Street o		-	JAINE BARE Route Number, City or		Code	
KATHLEEN M. DUF	MZHZM		ROTH						IARYLAN		26
20a, METHOD OF DISPOSITION		20b. PLACE	_				DELL.		LOCATION -		
1 Burial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	moval from State	cemetery, cre	matory or o	ther place)			1.0	0/13/92			
21. SIGNATURE CHANGE	icenses . AC	- //	CIVINIA			D ADDRES		CIL BRINSFI	CLIMIC	MEDAT	RYLAND
* Edwam 10.	Brugo	//									
EDWARD N. F 23. PART I. Enter the diseases, o	RINSFIELD				the see	de ed ded		250NAR	NOWN,	MARYI	
ahock, or heart failure	. List only one cau	se on each line									Approximata intervai Batwee
iMMEDIATE CAUSE (Final disease or condition	4	10	2	. 6	, -	1	4	ed S	20.		Onset and Dea
reaulting in death)	a. Sue to	OR AS A CONSEC	DUENCE	1/11	4	100	700	4 0	cu	620	2-54
		7 11 0011020	ochocy.	,							
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE OF	F):							<u> </u>
cause. Enter UNDERLYING											
CAUSE (Disease or injury that initiated events	DUE TO	DR AS A CONSEC	DUENCE OF	F):							
resulting in death) LAST	d										
PART ii. Other algnificant condition	one contributing to	death but not re	esuiting	in the ur	nderlying	Ceuse o	iven in	Part i 24a WAS	AN AUTOPSY	24h W	ERE AUTOPSY FINDING
								PER	FORMED?	AA.	MILABLE PRIOR TO OMPLETION OF CAUSE
								1 □ YES	2 0 No	Oi	F DEATH?
								_		1	YES 2 ND
25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE DE DE	EATH /Ch	eck only one)			
EXAMINER?	HOSPITAL:	FR/Outpatient 3	□ 004 I	OTHE	R:						
27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 28b. TIME OF 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED							CURED				
1 Natural 5 Pending (Month, Day, Year) INJURY WORK?						RK?	NO	-,	THE REAL PROPERTY.		
Imagelantian	28e. PLACE OF	FINJURY — At hor	me, farm, s	street, fect	lory, office			201. LOCATION (Stre	et and Number	or Rural Rout	te Number,
2 Accident Investigation 3 Suicide 6 Could not be		etc. (Specify)						City or Town, St	nte)		
racident	building,										
3 Suicide 6 Could not be determined			ath occurs	ad at the f	lma dat-	and place	and the	to the environment			
3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only)	SICIAN: To the best of	my knowledge, der									nd manner as stated
3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of ex	my knowledge, der				eath occur	ed at the	time, data and place	, and due to th	e cause(s) a	
3 Suicide 4 Homicide 6 Could not be determined 29s. CERTIFIER (Check only	SICIAN: To the best of ex	my knowledge, der				29c. LICE	ed at the	time, data and place	, and due to th	e cause(s) a	nd menner as stated.

115 WASHINGTON STREET, LEONARDTOWN, MARYLAND 20650

32. REGISTRAR'S SIGNATURE

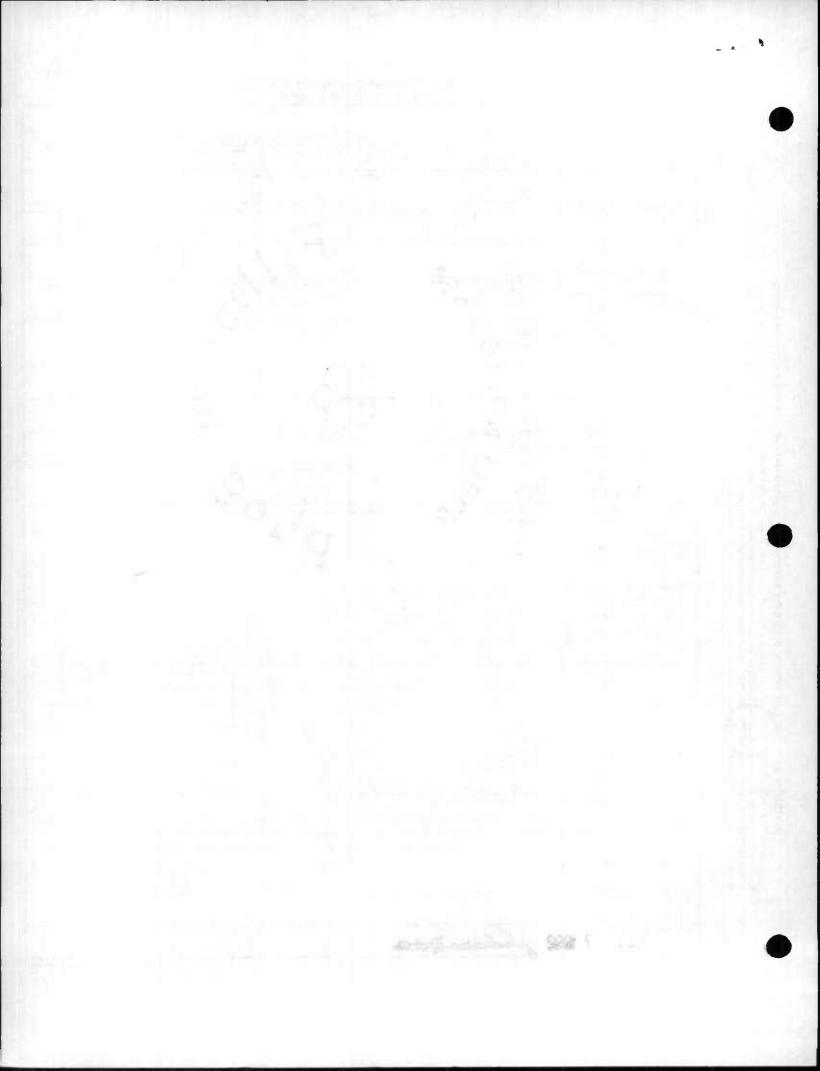
Julie Davidson-Randelle



a speed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should retain and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSIC ATTENDING PRINCIPLE IN A CONTROL OF THE HOSPITAL OF ATTENDING PHYSICS ATTENDING PHYSICS THE HOSPITAL OF ATTENDING PHYSICS AND THE THINGS AT A CONTROL OF A CONTROL O DIVISION OF VITAL RECORDS, P.O. BOX 68760,

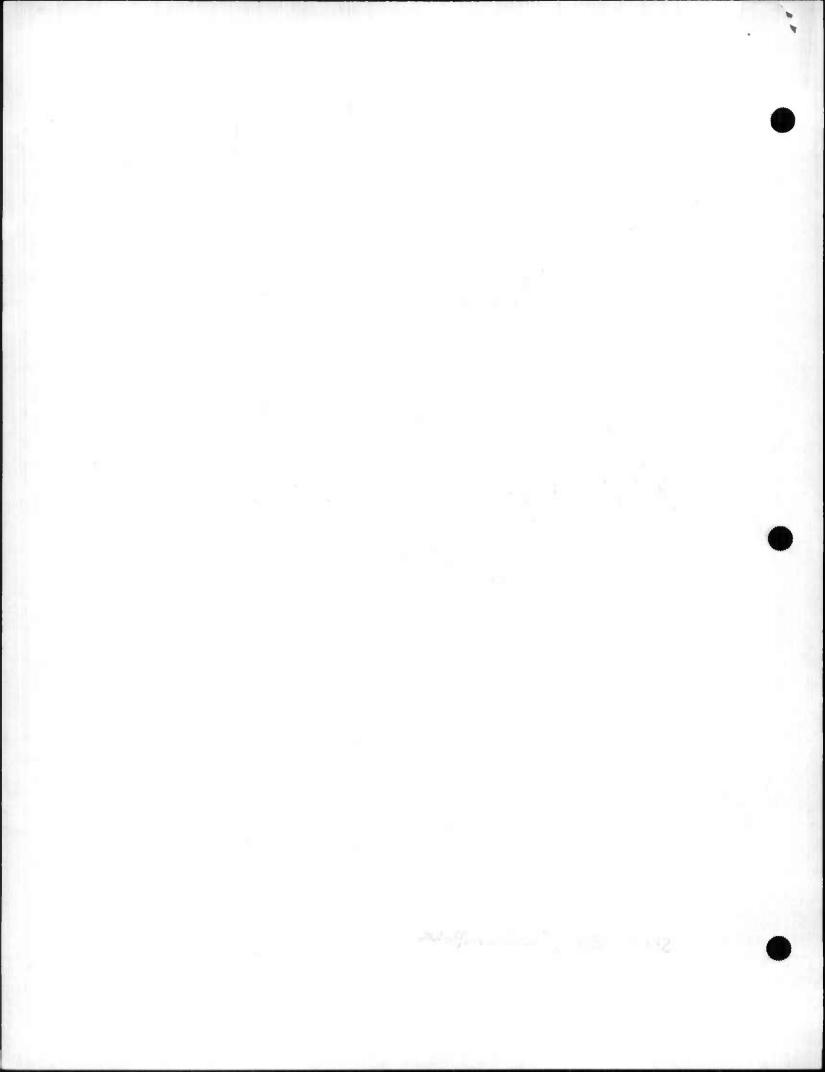
1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	st, Middle, Lest)								2. DATE OF DEATH	DAY		3. TIME OF DEATH	
Millic	ent	Martha	MOAT	.s					October 4		92	10:25 A M	
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. la		F UNDER 1 Y	PAYS	IF UNDE		7. DATE OF BIRTH (Month, Day, Year)			IPLACE (State or Foreign	
235-46-468		1 □ M 2 🂢 F	61	YRS.	ONTHS E	MAAR	HOURS	MIN.	Mar. 31,	1931		yland	
Garrett Co			Hospital	1.0	ь. сяту, то Оа	k1a		ION OF D	EATH		nty of o		
RESIDENCE OF DE	CEDENT									T out			
WV	10b. COUNT			10c, CITY, 1								10d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBE		Preston			Terr	-	ZIP COD			100000		1 YES 2 X NO	
Rt. l, Box						101		6764		10g. CI1		WHAT COUNTRY?	
11. MARITAL STATUS	110-0	12. WAS DECEDE	NT EVER IN U.S. A	RMED	13 WM	S DEC			NIC ORIGIN? (Specify)	to or No	US		
1 Never Married 2 2 3 Widowed 4 Div			YES 2 X	NO	lf y	48, sp	eify Cube 2 📉 NO	ın, Mexic	in, Puerto Rican, atc.)		or No- 14. RACE — American Indian, Black, White, etc. Specify: White		
15, DE (Specify o	CEDENT'S EDU	CATION	16a. D	ECEDENT'S US	UAL OCC	UPATIC	N		16b. KIND OF B	USINESS/IN	DUSTRY		
Elementary/Secondary		College (1-4 or 5	244	a. Do NOT use r	etired.)	ing mo	II OF WORK	ng:					
llth			Se	cretar	У				Sal	les			
17. FATHER'S NAME (First,									ME (First, Middle, Maide	on Sumeme)			
Clarence	Ham	111 1	Frantz			-1		rgar				Lydle	
19a. INFORMANT'S NAME									Route Number, City or To				
Rev. Lesli		oats						, T	erra Alta,				
1 20 Burlat 2 Cremat 4 Denetion 6 Othe	ion 3 🗆 Rem	ovel from State	20b. PLACE cometery, cr Terra	ANDDATEOF	ceme	on _{(Na}	me of		100	ocation -		wn, State West Virgin	
21. SIGNATURE OF FUNER	AL SERVICE LIN	ENSEE				ME AN	D ADDRE	SS OF FA	CILITY			8-	
> Brad	Ver Ho	Menton							uneral Honond St., C		1 1	D 21550	
23. PART I. Enter the	diseases, or	complications th	at caused the d	eath. Do not	enter th	e mo	de of dy	Ing, suc	h as cardiac or res	piratory ar	rest,	Approximate	
shock, or IMMEDIATE CAUSE (F	heert fallure.	List only one ca	use on each lin	•.								Interval Between	
disease or condition	→	81	/A									Sudden	
resulting in death)		DUE TO	OR AS A CONSE	OUENCE OF):								budden	
		CH	7-									Years	
Sequentially list cond if any, leading to imm	ediate	DUE TO	OR AS A CONSE	OUENCE OF):									
Cause. Enter UNDERLY CAUSE (Disease or In		a lan	ofta	lu	٩							Days	
that initiated events resulting in deeth) LA	ST	DUE TO	OR AS A CONSE	OUENCE OF):	7 - 6	06	1	7					
		d	over	00/1	ler			~				Years	
PART II. Other algolfic	ent condition	e contributing to	death but not	resulting in	the unde	riying	CRUSE	given in		N AUTOPSY	24b	WERE AUTOPSY FINDINGS	
									PERFO	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									10123	Z DI NO		OF DEATH?	
-									_			1 169 2 1 10	
						26. PL	ACE OF D	EATH (C)	eck only one)				
25. WAS CASE REFERRED	TO MEDICAL				THER:	g Home	5 🗆 R	esidence	6 Other (Specify)				
25. WAS CASE REFERRED EXAMINER? 1 YES 2 XNO	TO MEDICAL	HOSPITAL:	☐ ER/Outpetient				_						
EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH		1 K) Inpatient 2 (FINJURY	28b. TIME C	OF 28		JRY AT		28d. DESCRIBE HOW	INJURY OC	CURED		
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EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6	Pending Investigation Could not be	1 K) Inpatient 2 (26s. DATE Of (Month, I) 26s. PLACE 6	FINJURY	28b. TIME C	OF 28 Y M	WOI	ES 2	NO	28d. DESCRIBE HOW 281. LOCATION (Stree City or Town, Stel	f and Numbe		Boute Number,	
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EXAMINER? 1 YES 2 KNO 27. MANNER OF DEATH 1 Metural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only)	Pending Investigation Could not be determined	1 KJ Inpetient 2 (26s. DATE Of (Month, I) 28s. PLACE of building	FINJURY Dey, Year) OF INJURY — At h., atc. (Specify) If my knowledge, d.	28b. TIME C INJUR ome, farm, stre	M 28	Word	RK? ES 2 [, and due	281. LOCATION (Stree City or Town, Stell to the cause(s) and m	t end Numbe	r or Rural f		
EXAMINER? 1 YES 2 KNO 27. MANNER OF DEATH 1 Metural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only)	Pending Investigation Could not be determined	1 KJ Inpetient 2 (26s. DATE Of (Month, I) 28s. PLACE obuilding CIAN: To the best of (R: On the best of (FINJURY Dey, Year) OF INJURY — At h., atc. (Specify) If my knowledge, d.	28b. TIME C INJUR ome, farm, stre	M 28	Word	RK? ES 2 [and place	, and due	281. LOCATION (Street City or Town, Steff to the cause(a) and m time, data and place, a	end Number anner as sta	r or Rural I) and menner as stated.	
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	TO THE HOSPITAL OR ATTENDANG PHYSICIAN: The law requires that the death certificate be execu	TO THE HOSPITAL OR ATTENDANG PHYSICIAN: The law requires that the death certificate be exect TO THE FUNERAL DIRECTION AND THE CONTROL OF THE SIGNED BY THE ATTENDING PHYSICIAN AND THE PUNE SIGNED BY THE ATTENDING PHYSICIAN AND THE PUNE SIGNED BY THE ATTENDING PHYSICIAN AND THE PUNE SIGNED BY THE ATTENDING PHYSICIAN AND THE PUNE SIGNED BY THE ATTENDING PHYSICIAN AND THE PUNE SIGNED BY THE ATTENDING PHYSICIAN AND THE PUNE SIGNED BY THE ATTENDING PHYSICIAN AND THE PUNE SIGNED BY THE ATTENDING PHYSICIAN AND THE PUNE SIGNED BY THE ATTENDING PHYSICIAN AND THE PUNE SIGNED BY THE ATTENDING PHYSICIAN AND THE PUNE SIGNED BY THE ATTENDING PHYSICIAN AND THE PUNE SIGNED BY THE ATTENDING PHYSICIAN AND THE PUNE SIGNED BY THE ATTENDING PHYSICIAN AND THE PUNE SIGNED BY THE ATTENDING PHYSICIAN AND THE PUNE SIGNED BY THE ATTENDING PHYSICIAN AND THE PUNE SIGNED BY THE ATTENDING PHYSICIAN AND THE PUNE SIGNED BY THE	TO THE HOSPITAL OR ATTENDANG PHYSICIAN: The law requires that the death certificate be exect TO THE FUNERAL DIRECTOR. TO THE FUNERAL DIRECTOR AND ADDRESS OF THE STATE HAS been signed by the attending physician and be filed within 72 hours a second of the state Dept. of Health and Mental Hygiene prior to but

_	FOR STATE REGISTRAR			ERTIF	ICATE	OF D		MENTA	L HYGIEN REG. NO.	9 E	2 2	29711
	1. DECEDENT'S NAME (First, Middle, Last) LORelle	W spir	LE VIRGI	NIA I	MELVIN	1		Ser	PF DE TO	, 1993 9	YEAR 3	. OME GIFDEADH
	4. SOCIAL SECURITY NUMBER 577-26-5443	5. SEX 1 M 2 F	6. AGE (In yrs. la. 89	at birthday) YRS.		AYS HO	DURS MIN.	May	OF BIRTH (h, Day, Year)		Va.	ACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give st Frederick Memoria		tal				ocation of bi	EATH			eder:	
DIRECTOR	10e, STATE 10b, COUNTY	ederick		10c. CIT	Y, TOWN OR I	lleto	wn				_	0d. INSIDE CITY LIMITS? YES 2X NO
FUNERAL	100. STREET AND NUMBER 8907 Hawbottom Ro	1.				10f. ZIF	P CODE 21	769		1000	J.S.A.	AT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1	TEVER IN U.S. AF	RMED	If ye	S DECEND es, specify YES 2	DENT OF HISPAI y Cuban, Mexica	NIC ORIGI	N7 (Specify Yes Ricen, etc.)		14. RACE Black, 1	- American Indien, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(G	live kind of v Do NOT us	usual occu vork done duri e retired.)	ng most of	f working	16	b. KINO OF BUS			
111	17. FATHER'S NAME (First, Middle, Last) Murray Daniel Be	ttis				N	. mother's na lannie	Rebe	cca Co	Sumame) rbin		
TO BE	Phyllis A. Sulliv	an	19	8907	Hawbo	treet end N	Number or Rural	Midd	iber, City or Town letown	, State, Zip , Md.	Code) 217	769
	20e. METHOD OF DISPOSITION 1 1 Denset of 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of panelary, cremetory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of panelary, cremetory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of panelary, cremetory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of panelary, cremetory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of panelary, cremetory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of panelary, cremetory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of panelary, cremetory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of panelary, cremetory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of panelary, cremetory or other place)											
TO THE PARTY OF TH	21. SIGNATURE OF FUNERAL SERVICE LIC	ANGA			Do	nald	B. The	omps	on Fune	eral	Home	21769
	23. PART I. Enter the diseases, or c shock, or heart failure. I the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of time o	list only one cau	it caused the deuse on each line	Recit	ot enter the	e mode (of dying, suc	h aa car	diec or reapi	ratory err	est,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly liet conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		(OR AS A CONSE		,							
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions	contributing to	death but not i	resulting I	n the under	rlying ce	euse given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	Al Co	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 00	HOSPITAL:	ER/Outpetient 3	DOA	OTHER:		OF DEATH (Ch					
È	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, D	INJURY	28b. TIMI	E OF 284 URY	c. INJURY WORK?	AT		SCRIBE HOW IN	JURY OCC	URED	
ED B	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE D building,	F INJURY — At ho etc. (Specify)	ome, farm, s				281. LOC City	CATION (Street e or Town, State)	nd Number	or Rural Rou	te Number,
COMPLETED	299. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION OF THE CHAPTER O											nd manner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	MD MD					C. LICENSE NUN			29d. DATE	. 1	onth, Day, Year)
		charl Be		М 27) (Туре,	Print)						1	
	SEP 21 1992 g	r , 32. AGGISTRA	R'S SIGNATURE	٤								



	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMEN	IT OF H	EALTH AND DEATH	MENT	AL HYGIE		2	29/12
		CKINNEY			16.		2. DAT	E OF DEATH	DAY	75°	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 236-36-0423	1X M 2 🗆 F	(In yrs. lest birthday) 66 YRS.	IF UNDI	ER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Moi	E OF BIRTH Wh. Day. Year)		Country	PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give a Frederick Memorial Residence of Decement			9b. CIT		derick	DEATH	7170	Be. COUNT Free	Y OF DE	ATH
FUNERAL DIRECTOR	10a. STATE 10b. COUNT Maryland Fro 10a. STREET AND NUMBER	r ederick		v, rown							10d, INSIDE CITY LIMITS? 1 YES 2 NO
JNERA	8452Reichs Ford	Rd.	NIIS ARMED	112		21701 ENDENT OF HISPA				USA	HAT COUNTRY?
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO		If yes, spe	elty Cuban, Mexic 2 NO Spec	an, Puerlo	Rican, etc.)	is or No 1	4. RACE Black, Specif	- American Indian, White, etc.
PLETEC	(Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)								ructio		0.
BE CON	17. FATHER'S NAME (First, Middle, Last) John McKinney					ta. MOTHER'S N		Middle, Maidei	n Surname)		
TO B	Donny McKinney		6902 T	ebas	ed Rd	nd Number or Rurel	llas	ville.	MD 21	780	
	20s. METHOD OF DISPOSITION 10.1 Burlal 2 Cremetton 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	Re	PLACE AND DATE telery, cremetory or o STNAVEN	Mem (orial NAME AN Stauf	Garden DADDRESS OF FI Ger Fun	s 9/2 ACILITY eral	23/92 Homes	, PA	ick,	, MD
	IMMEDIATE CAUSE (Finel	ARTER 10 S	ach iine.	not ente	r the mod		ch aa car	diac or reap	iratory arres	21:	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF								
	PART II. Other aignificent condition	d. e contributing to deeth b	ut not resulting	in the u	nderlying	ceuse given in	Pert i.	24a, WAS AN PERFO	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL				26. PL/	ACE OF DEATH (C)	neck only o	ne)			YES 2 NO
YSIC	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 NER/Outp	etiant 3 DOA	OTHE		5 🗆 Rasidence	6 🗆 Oth	er (Specify)			
ву рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	RY AT RK? ES 2 NO	28d. DE	SCRIBE HOW	NJURY OCCU	RED				
ED	3 Suicide 6 Could not be detarmined	26s. PLACE OF INJURY building, atc. (Spec	— At home, tarm, s	treet, fac	ctory, office		26f. LOC City	ATION (Street or Town, State)	and Number or	Rural Ro	ute Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 M MEDICAL EXAMINEI	CIAN: To the best of my knowl R: On the bests of examination	edge, death occurre and/or investigation	n, in my	time, data s opinion, de	and place, and due ath occured at the	to the ce	use(a) and ma	nner as stated,	:ause(a)	and manner as stated.
TO BE	290 STONATURE AND TITLE OF CERTIFIER WHEN THE PROPERTY OF THE	oberts MD				29c. LICENSE NU		7	29d. DATE S	GNED (Month, Day, Year)

OF DEATH (ITEM 27) (Type, Print) 57 PREDERICK

21701-4599

31. DATE FILED (Month, Day, Year)
SEP 2 3 1992

DHMH-16 Rev 1/89

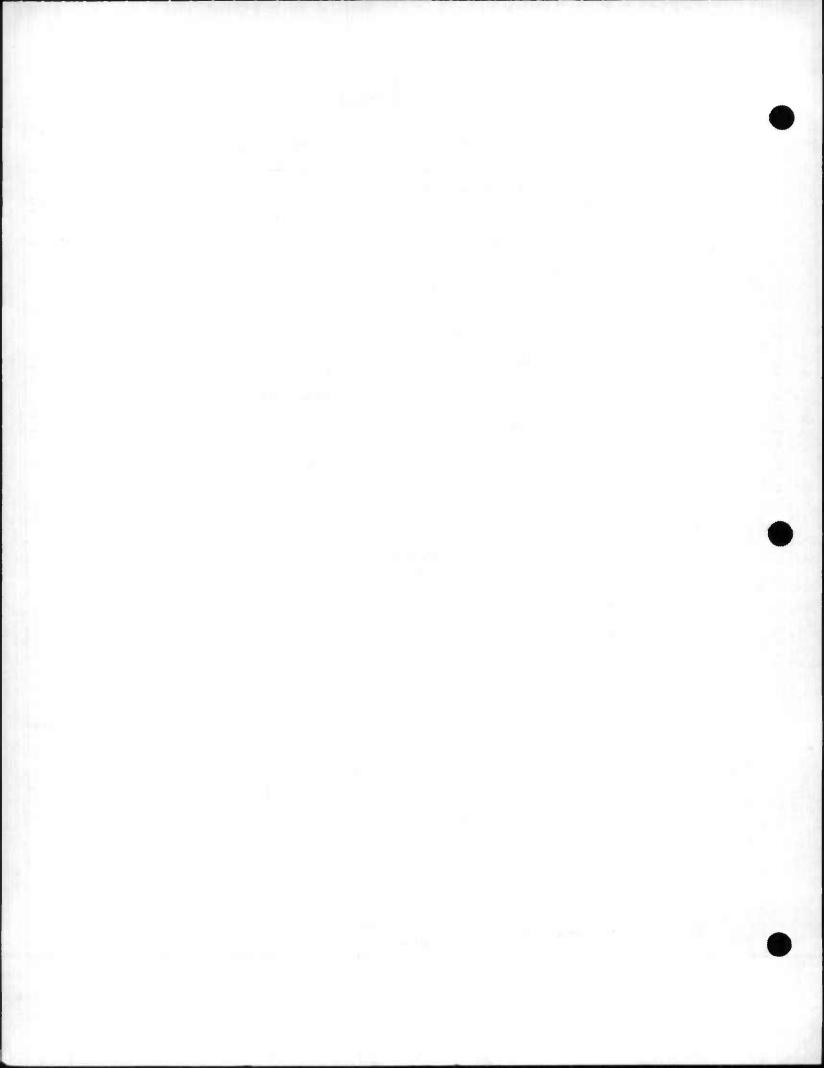
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	TO THE MOSPITAL OF ATTENDING MISSIAN TA law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE RIMERAL DIRECTOR Alter the second signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf	III. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT II liem 28 is married at once 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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M 2 F end number) Cocyce Cocyce Was decedent ever in u.s. FORCES? 1 YES 2 If yes, give war or dates ON pleted) Ollege (1-4 or 5+) Cocyce 20b. PLA cometery cometery	YRS. MON 9b. 10c. CITY, TO CAP SARMED DECEDENT'S USU. (One kind of work of the Do NOT use reti	WN OR LOCATION 13. WAS DECE If yes, spen 1 YES AL OCCUPATION ACCUPATION POSSION POSSION RESS (Street on Possion)	NDENT OF HISPAL CITY CUBEN, Maxica 2 NO Specifi 16. MOTHER'S NA Y OX d Number or Rural	NIC ORIGIN? (Spin, Puerto Rican 16b. KINI ME (First, Middle KEEL Route Number, Ci	DAY OZ IRTH , Year) 9c, COU PC: 10g, CITI 10g, CITI 10g, CITI 10g, CITI 10g, CITI 10g, CITI 10g, CITI 10g, CITI 10g, CITI 10g, CITI 10g, CITI 10g, CITI 10g, CITI 10g, CITI 10g, CITI 10g, CITI 10g, CITI 10g, CITI 10g, CITI	ghts Md. 20				
M 2 F and number) HOSPITA WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES ON 180 Oliege (1-4 or 5+) Offer State 20b. PLA cemetery	YRS. MON 9b. 10c. CITY, TO CAP SARMED DECEDENT'S USU, (Give kind of work of the Do NOT use refi	THE DAYS CITY, TOWN OF CITY, TOWN OF CITY, TOWN OF CITY, TOWN OF CITY, TOWN OF CITY, TOWN OF OF WAS DECE If yes, spent In YES AL OCCUPATION ALOCCUPATION FOR THE SERVICE OF THE SERVICE SPOSITION (Name legal)	A LOCATION OF O	Month, Dey 99- EATH 15b. KINI 16b. KINI 16b. KINI 16c. KEE Route Number, C.	10g. CITI 10g. CITI	BIRTHPLACE (State or Foreign Country) JINTY OF DEATH JOHN OF DEATH JOHN OF DEATH JOHN OF COUNTRY? JOHN OF WHAT COUNTRY? JARACE — American Indian, Black, White, etc. Specify: BLACK DUSTRY				
WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES ON 18e ON 18e ON 20b. PLA from State 20b. PLA cometory	DECEDENT'S USUA (Gline kind of work of the Do NOT use refit 19b. MAILING ADD 345 ACE AND DATE OF DISK (, cremetory or other p.	WN OR LOCATE 10. 13. WAS DECE If yea, special of yea, special of yea, special of yea, special of yea, special of yea, special of yea, special of yea, special of yea, special of yea, special of yea, special of yea, special of yea, special of yea, special of years. RESS (Street an POSS) SPOSITION (Name (see))	ON Heigh ZIP CODE ROOT 4 = NOENT OF HISPAL ON Specific of working 16. MOTHER'S NA YOU d Number or Rural	NIC ORIGIN? (Spin, Puerto Rican y.) 16b. KINI ME (First, Middle CKEE) Route Number, C.	PC: 10g. CITI 10g. CITI 10g. CITI 10g. CITI 10g. CITI 10g. CITI 10g. CITI 10g. CITI 10g. CITI 10g. CITI 10g. CITI	10d. INSIDE CITY LIMITS? 1 VES 2 DAIO TIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: Black DUSTRY				
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from State at cometery	345 ACE AND DATE OF DIS	POSSU SPOSITION (Namelece)	d Number or Rural	Poute Number, Co.	ity or Town, State, Zio	ights Mol. 201				
dispusal cemetery	y, cremetory or other p	lece) a	ne of	DATE	-					
EE		VEURL	Hospita	1	20c. LOCATION -	City or Town, Stata				
		22. NAME AND	ADDRESS OF FA	CILITY						
plications that caused the only one cause on sech	line.					Approximata interval Betwee Onset and Das				
Sequentially list conditions, if smy-leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c										
ontributing to death but in	e underlying	cause given in		PERFORMED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
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Inpatient 2 - ER/Outpetien	1 3 DOA 4 D	Nursing Home				CURSO				
(Month, Day, Year)	INJURY	M 1 YE	K?							
building, etc. (Specify)				City or Tow	vn, State)	or nover noone normosi,				
En Croren			201		29d. DAT	E SIGNED (Month, Day, Year)				
OMPLETED CAUSE OF OEATH ((ITEM 27) (Type, Print)		T' 6/10 .)	Va PC	(1)	11 +1 16				
	DUE TO (OR AS A CO) DUE TO (O	DUE TO (OR AS A CONSEQUENCE OF): DUE TO	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 28. PLA DOA 4 Nursing Home 28. PLA 28. PLA 1 NURY WOR 1 YE 28. PLACE OF INJURY At home, farm, street, factory, office building, etc. (Specify) To the best of my knowledge, death occurred at the time, date at the beste of axamination end/or investigation, in my opinion, determination end/or investigation, in my opinion end/or investigati	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 28. PLACE OF OEATH (Characteristic of the underlying cause given in the	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 28. PLACE OF OEATH (Check only one) 28. PLACE OF OEATH (Check only one) 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIB 28d.	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 28. PLACE OF OEATH (Check only one) 28. PLACE OF OEATH (Check only one) The petient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28a. DATE OF INJURY At home, farm, street, factory, office 28c. INJURY AT WORK? 1 YES 2 NO 28b. PLACE OF INJURY At home, farm, street, factory, office 28f. LOCATION (Street and Number City or Town, Stete) To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(a) and manner as attern the best of my knowledge, death occurred at the time, deste end piece, and due to the cause(a) and manner as attern the best of axamination and/or investigation, in my opinion, desth occurred at the time, date and piece, and due to the Date of axamination and/or investigation, in my opinion, desth occurred at the time, date and piece, and due to the Date of axamination and/or investigation, in my opinion, desth occurred at the time, date and piece, and due to the Date of axamination and/or investigation, in my opinion, desth occurred at the time, date and piece, and due to the Date of axamination and/or investigation, in my opinion, desth occurred at the time, date and piece, and due to the Date of axamination and/or investigation, in my opinion, desth occurred at the time, date and piece, and due to the Date of axamination and/or investigation, in my opinion, desth occurred at the time, date and piece, and due to the Date of axamination and/or investigation, in my opinion, desth occurred at the time, date and piece, and due to the date of axamination and/or investigation, in my opinion, desth occurred at the time, date and piece, and due to the date of the date of the date of the date of the date of the date of the date of the date of the date of the date of the date of the date o				

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"anner,	I OF VITAL MECORDS, P.O. BOX 13146,	
By Dr.	OF VITAL A	
Cleared	DIVISION	

·	FOR STATE REGISTRAR		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. OECEOENT'S NAME (Firs	t, Middle, Lest)	Motes					2. DATE MONTH	OF OEATH		EAR 3	ID54
i	4. SOCIAL SECURITY NUM 237-44-0	333	5. SEX 6. AG	E (In yrs. les		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH , Day, Year)	8.	BIRTHPL Country)	ACE (State or Foreign
	90. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH PS. C. COUNTY OF GEATH PS. C. C. COUNTY OF GEATH PS. C. C. COUNTY OF GEATH PS. C. C. C. C. C. C. C. C. C. C. C. C. C.											
DIRECTOR	10. STATE Maryland	Montg			Gaithersburg						Od. INSIDE CITY LIMITS?	
UNERAL	100. STREET AND NUMBER		ue		101. ZIP COOE 109. CITIZEN OF WHAT 20877 United St							
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 M Div	R IN U.S. AR ES 2 XI R DATES	ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuben, Mexicen, Puerto F 1 YES 2 XNO Specify:									
PLEIEU		CEOENT'S EOUG ily highest grade (0-12)		(Give kind of work done during most of working life. Do NOT use retired.)				16b. KINO OF BUSINESS/INOUSTRY Own Home				
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sur												
O BE	Fred D. Rogers Hattie Hughes 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 20906											
	Teresa Lynn Motes 14104 Weeping Willow Drive #11, Silve 20a. METHOD OF DISPOSITION 1\(\frac{1}{2}\) Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 14104 Weeping Willow Drive #11, Silve 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Flora Garden Park 14104 Weeping Willow Drive #11, Silve 20c. LOCATION - City or other (Specify) High Point										y or Town	n, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE #M00690 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home of Gaithersburg 10 E. Deer Park Drive, Gaithersburg, MD											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Respiratory Future But to the property of the consequence of											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury out TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											
ERTIF	that initiated events resulting in death) LA	sr	d. Ste	Steroid Dependent Rheun					waterd Arthritis			30 year
MEDICAL C	PERFORMED? AMILABLE PRIC								WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERY Cleared by HOSPITAL: OTHER:										-	
	27. MANNER OF DEATH 1 Netural 5	Pending	28a. DATE OF INJU (Month, Day, Ye	28b. TIME	OF 28c.	NJURY AT WORK? YES 2 NO	e 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED					
TED BY	2 Accident Investigation 3 Suicide 6 Could not ba determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Steet)									ute Number,		
COMPLET	Conson only a		ICIAN: To the best of my k									end manner ee stated
BE	29b. SIGNATURE AND TIT	POF CERTIFIE	Mus	mo			29c. LICENSE N	840		29d. DATE	SIGNEO (Month, Day, Year)
2	30. NAME AND ADDRESS	OF PERSON WI	O COMPLETED CAUSE OF	FOEATH (IT	EM 27) (Type,	Print)	les 0, #2		ab il	' W	1 4	0970

22. REGISTRAR'S SIGNATURE

31. DATE FILEO (Month, Day, Year) OCT 08 '92

AL MECONDS, F.O. BOA 66/60, BALLIMORE, MARTLAND 21215-0020	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	the state of Health and Mental Haringa prior to hund completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	medical examiner must be notified at once.
STATE OF STATE OF SOLUTION OF	TO THE HOSPITAL OR ATTENDED PROCESSIAN The law requires that the death certificate be executed within 24 in	TO THE FUNERAL DIRECTOR: An an contract has been signed by the attending physician and completely filled in by the funeral working to having the managing of common the filled within 20 bound of Managal Managal Managal Angles of the management of	IMPORTANT: If Nem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM CERTIFICA			MENTAL HYGIEI REG. NO		6 6	9/15			
3		Muldoon	Steven yrs. leal birthday)	M. Mul	doon	2. DATE OF DEATH	5 9	3. TI	ME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. 216-04-9119	Country)	gton, DC									
TOR	98. FACILITY NAME (If not Institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH											
DIRECTOR	Mb 10b. COUNTY	60 M GK	/-	OF LOCATI	ON		10d.					
FUNERAL	100. STREET AND NUMBER 10825 LARK	MEADE	LA	101.	ZIP CODE	-46	10g. CITIZEN OF WHAT COUN					
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 K NO	If yes, spe	ENDENT OF HISPAN city Cuben, Mexicar 2 10 NO Specify	n, Puerto Rican, etc.)	RIGIN? (Specify Yes or No— 14. RACE — Am Black, White Specify:					
COMPLETED		ION 1(inpleted) College (1-4 or 5+)	Sa. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during mos			16b. KIND OF BUSINESS/INDUSTRY					
F	17. FATHER'S NAME (First, Middle, Last)		Student			Schoo						
	John M. Muldoon					ME (First, Middle, Malde	Surname)					
BE	19e. INFORMANT'S NAME (Type/Print)		19b, MAJUNG ADD	RESS (Street or	Linda Y	OTK.	are State Zin C	indel				
임	John M. Muldoon											
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State											
	4 Donation 5 Other (Specify)	St	ry, cremetory or other p Gabriel	/9/92 Pot	/92 Potomac, MD							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home 10 East Deer Park Drive											
	6.5%					Park Driv MD 20877						
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each ilina. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Daath 14 YKC											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	d											
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 PVES 2 NO 24b. WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO											
동	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				CE OF DEATH (Che	ck only one)						
NS.		OSPITAL: Inpetient 2 DER/Outpetie		HER: Nursing Home	5 - Residence	Other (Specify)						
E	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOR		26d. DESCRIBE HOW	INJURY OCCUP	RED	0 -			
B	2 Accident Investigation	10 5-45	1430	M 1 1 YI	S 2 NO	COLLARSET	200	1000	15 GOR			
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	Total alice	0	200	28t. LOCATION (Street City or Town, State	end Number or) ಪ	Rural Route N	umber,			
	290. CERTIFIER 1 CERTIEVING PHYSICIAN	t To the heat of a bounded	ENDIS	00		47-10	7					
COMPLET		t: To the best of my knowledge in the beels of examination er							Renner se stated.			
- 11	296 SIGNATURE AND TITLE OF CERTIFIER	11/1	11 .	15	29c. LICENSE NUM			SIGNED / Month				
0	there So	1//114	ula	3	DOYA	86	10	16/6				
ř	30-NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	R	Sou	1-0-1	11/2	5 . 10/	71111			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	TINWOO	010	DATE	1E-ON	MAD	2011	11106			
	OCT 08 92	Julia Davidson										

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			ONINE L.	<i>U</i> •	IJIT I	UII						UCI	
			4. SOCIAL SECURITY NUMBER			AGE ('In yrs. lasi	birthday)	IF UNI	DER 1 YEAR	IF UNDER 24 HE HOURS MIS	RS. 7. DATE	
	, l	1	219-84-1521		1 M 2 F	-	32	YRS.	WONTH	DAYS	HOURS BR	Ju.	
	3 should	- 8	Sa. FACILITY NAME (If not institution,	give str	reet and number)				9b. C	TY, TOWN	OR LOCATION O	F DEATH	
	2, 3	OR	1513 Gridley La	ane					Si	lver	Spring		
	- -	ត្ត	RESIDENCE OF DECEDEN 10a, STATE 10b, CC		TION								
	Page	DIRECTO	Joseph Control of Education										
	mit.	1	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3										
	E De	FUNERAL									M. ZIP CODE		
5	ransi		1513 Gridley L	ane					20902				
20	- File	F	11. MARITAL STATUS 1 Never Married 2 Married		12. WAS DECEDENT ET	MED O	13. WAS DECENDENT OF HISPANIC ORK If yes, specify Cuban, Mexican, Puert						
00.0	e p	B≺	3 Widowed 4 Divorced		IF YES, GIVE WAR	OR D	ATES			1 TYES	2 XNO S	pecify:	
15- lendi	use as the burial-transit permit. Pages		16. DECEDENT'S	EDUC	ATION		16a DEC	COUNTY	LICHAL	OCCUPATI	011	1 401	
112 or at	esn L	ETED	(Specify only highest		completed)	_	(GA	e kind of v	vork do	ne during m	ost of working	168	
O ge	2	7	Elementary/Secondary (0-12)		College (1-4 or 5+)					ive	Aide	C	
Z S	nce.	COMPL	17. FATHER'S NAME (First, Middle, Las	(1)	- T		riain.	11113	La	LIVC		B NAME (First,	
7 4 5 5 0			Albert	Dunklee	Dunklee								
BALTIMORE, MARYLAND 21215-0020 24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-tran he medical examiner must be notified at once. TO BE COMPLETED BY FUNI		19a. INFORMANT'S NAME (Type/Print)		Darintice		100	MAHING	ADDO	COO (Chanal	Heler			
	2	Carl Mitchell		(Husband)			Same			end Nomber of N	IFEI PIOURS PIUM		
		20a. METHOD OF DISPOSITION	_	(Hasbaria)	201				OSITION (N		OAT		
	1	1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify)	Remo	vel from State	cem	etery, crer	natory or o	ther place	emato	ame or	1		
	6 6		21. SIGNATURE OF FUNERAL SERVICE	E LICI	ENSEE	_	SUUU1	Dall			ND ADDRESS OF	10-	
	j.	- 41		0011						Funera			
		2uni	-1	s. Owl		M008			933 (Gist Av	e, Sil		
5	or removal		23. PART I. Enter the diseases ahock, or heart fell	or course. L	omplications that co list only one cause	On e	the dea	ith. Do n	ot ent	er the mo	ode of dying,	such as can	
2			IMMEDIATE CAUSE (Final			-				_			
ain 2			disease or condition									R	
99	completely ial. cremat event, t				DUE TO (OR	AS A	CONSEC	UENCE OF					
L RECORDS, P.O. BOX 68760, law requires that the death certificate be executed within	and com burial.	Z	Conversion the test conditions	b			-						
X	orior to buria	월	Sequentially list conditions, if any, leading to immediate		DUE TO (OR	AS A	CONSEQ	UENCE OF	ግ:				
BO Sale t		2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C									
O. Parity	other	늗	that initiated events resulting in death) LAST		DUE TO (OR	AS A	CONSEQ	UENCE OF	ን:				
D	6 F	CERTIFICATION	resulting in death) CAST	d									
S,	oy the attending proyand Mental Hygiene y injury, or other	2	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.										
RECORDS, P.O. requires that the death certifi	een signed by the arriver of Health and Menta shows any injury,	MEDICAL	USTEOM										
Se .	Health a			-									
E SE	sho s	Σ											
ef .	Dec Dec	AN	25. WAS CASE REFERRED TO MEDIC	AL.						26.0	ACE OF DEATH	M	
	State (SICI	EXAMINER? 1 YES 2 X NO		HOSPITAL:				ОТН	ER:	LACE OF DEATH		
CIAN:	e the	PHYS	27. MANNER OF DEATH	_	1 Inpetient 2 EF	_	atlent 3			_	ne 5 🔀 Residen		
O &	With Will		1 X Netural 5 Pending		(Month, Day,)			28b. TIM	URY	W	JURY AT ORK?	20d, DE	
NG		B	2 Accident Investiga	OR BY ACE OF IN	11117704	41.5			1 🗆				
SIC	after d		3 Suicide 6 Could no		28s. PLACE OF IN building, etc.	(Spec	— At nor	ne, term, e	Freet, 1	actory, offic	:•	28t. LOC City	
DIVISION OF VIOR ATTENDING PHYSICIAN:	hours after item 28 is	L											
	72 Por =	필	anal		HAN: To the best of my								
TIAS		COMPLET	2 MEDICAL EXA	MINER	t: On the basis of sxam	Inatio	n end/or la	rvestigatio	n, In m	y opinion, e	death occured at	the time, date	
THE HOSPITAL	be filed within	ш	29b. SIGNATURE AND TITLE OF CER	HPTER	1 11	-					29c. LICENSE	NUMBER	
5 F	IMPOR	0 8	Dei	/	W.						D 04	4766	
	~	F	30. NAME AND ADDRESS OF PERSON	N WHO	COMPLETEO CAUSE O	F DE	ATH (ITEM	27) (Type.	Print)	_			

32 REGISTRAR'S SIGNATURE Julia Savidson Bordelle

CERTIFICATE OF DEATH

MITCHELL

FOR STATE REGISTRAR

JANE

1. DECEDENT'S NAME (First, Middle, Last)

E

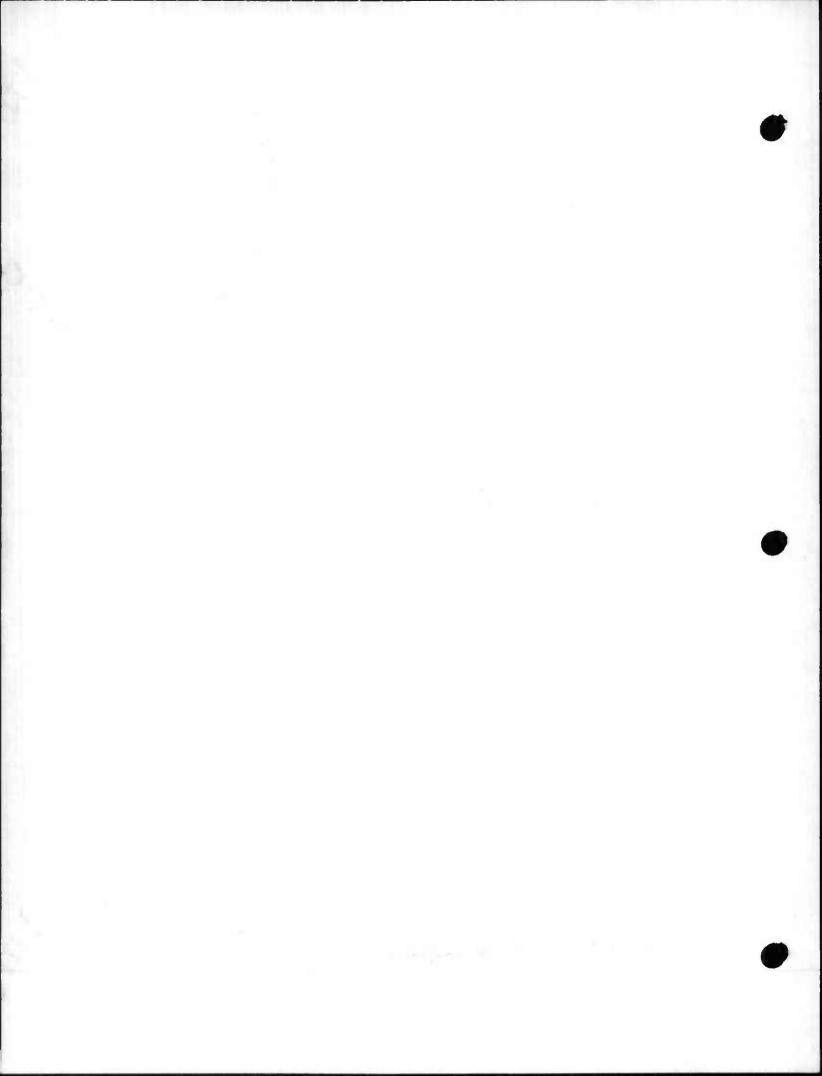
Daniel Rosenblum, M.D.

31. DATE FILED (Morith, Day, Year)
OCT 08 92

92 29716 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH 1992 6:22 of Birth th, Day, Year) 1 25, 8. BIRTHPLACE (State or Foreign Country) 1960 Georgia 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY LIMITS? 1 TES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, Whits, etc. White . KIND OF BUSINESS/INDUSTRY ounty Planning Agency Middle, Malden Surname) McFarlane ber, City or Town, State, Zip Code) 20c. LOCATION — City or Town, State Silver Spring, MD ices, P.A. ver Spring, MD 20910 diac or respiratory arrest, Approximata interval Between **Onset and Death** 5 years 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO OF DEATH? 1 YES 2 NO SCRIBE HOW INJURY OCCURED CATION (Street and Number or Rural Route Number, or Town, State) use(s) and manner as stated. and place, and due to the cause(s) and manner as stated,

29d. DATE SIGNEO (Month, Day, Year) Oct 6, 1992

10400 Connecticut Ave, Kensington, MD



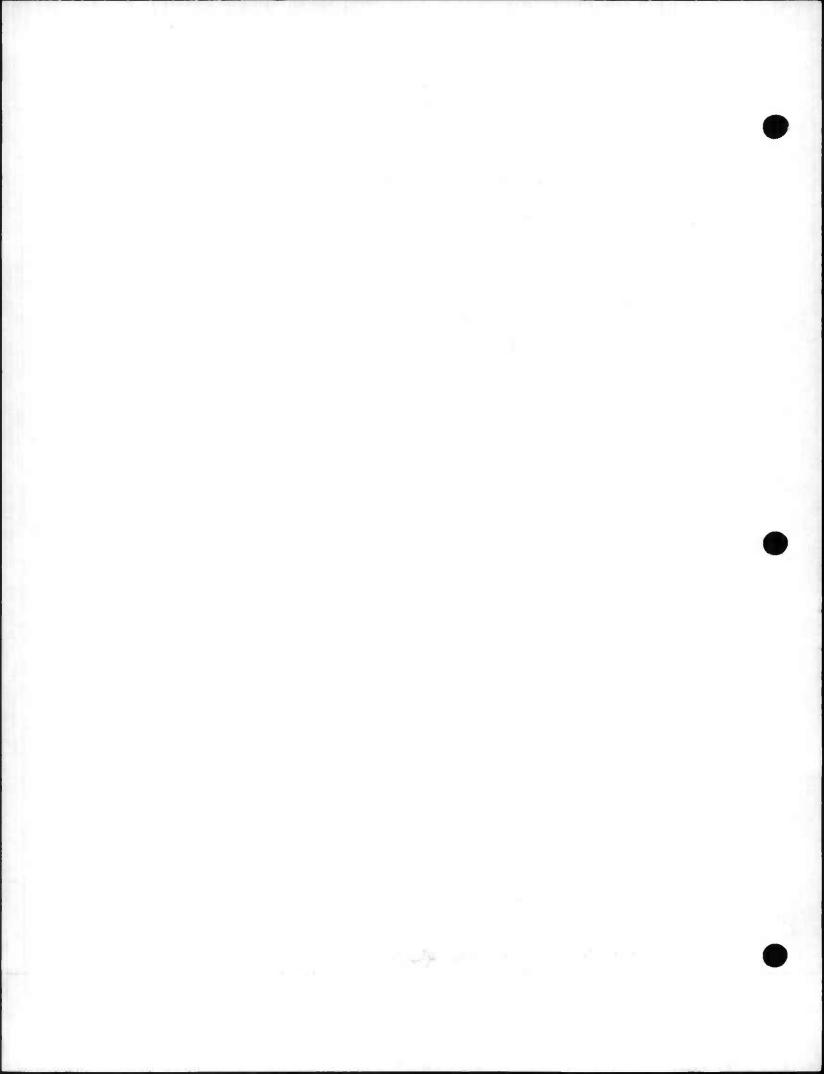
BALTIMORE, MARYLAND 21215-0020
after death. Page 6 may be retained by the hospital or attending physician.
by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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W	TO THE FUNERAL DIRECTOR AT IT THIS CALIFICATE has been signed by the attending physician and completely filled in by the fun	See Cree
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200	siciar	Lake
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	1 - STATE REGISTRAR	SIAIL OI	MAIII LAI			OF DEA		MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, I	JAMES W.	MAVNI	A D D				2. DATE OF DEATH MONTH DA	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)	IF UNDER				5	92	3:27 r
ı	364-48-6377	1X M 2 🗆 F	45		MONTHS	DAYS HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 15,1	947	Coupin	PLACE (State or Foreign
CTOR		KINS HOSPI	TAL			LTIMORE			9c. COUNT BAL	TIM(
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. CO			10c. CIT	Y. TOWN OF	R LOCATION	-				10d, INSIDE CITY
DIREC		ontgomery			toma						LIMITS?
ERAL	0700 p. t p								U.S.	A.	
FUN	11. MARITAL STATUS 1 Nover Married 2 X Married		1 X YES	2 NO	H	yes, specify Cubi	in, Mexica	NIC ORIGIN? (Specify Yes	or No-	Black	- American Indian, White, etc.
ED 8Y	3 Widowed 4 Divorced Nat 1 Guard									White	
COMPLETE	(Specify only highest Elementary/Secondary (0-12)	completed) Coffege (1-4 or 5	+)	(Give kind of life. Do NOT us	work done di se retired.)	uring most of world	ng	Cater		Jan 1	
Š	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										
BE C	17. FATHER'S NAME (First, Middle, Last) Harry Eugene Maynard 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Plural Route Number, City or Town, State, Zio Code)										
2	Jane S. Maynar	:d						Poute Number, City or Tow	2085		
	20a. METHOD OF DISPOSITION 1	Removal from State	20b. Pi camete MC	LACE AND DATE	OF DISPOSIT	TION (Name of		DATE 20c. LO	cation – c	•	
IFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
TIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	out to	O (OR AS A CO	ONSEQUENCE OF	otas	gus le	151	Swith	renal	faile	4/23/9
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond	bue to	O (OR AS A CO	ONSEQUENCE OF	oraș n	derlying cause	given in	Part I. 24s. WAS AN PERFOR	MED?	fail.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond Chronic myel. 25. WAS CASE REFERRED TO MEDICA EXAMINER?	titions contributing to	O (OR AS A CO	ONSEQUENCE OF ON	In the unc	derlying cause of	given in	Part I. 24a. WAS AN PERFOR	MED?	fa 10	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL	H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond Chronic myel 25. WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending	tiona contributing to GENOUS HOSPITAL: 1 (Inpatient 2 28a. DATE O	O (OR AS A CI	ONSEQUENCE OF THE PROPERTY OF	OTHER 4 Norsi	26. PLACE OF D ing Home 5 R	given in	Part I. 24s. WAS AN PERFOR	NO NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BTTHTSICIAN: MEDICAL	H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond Chronic myel 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	titiona contributing to GENOUS AL HOSPITAL: 1 (Inpatient 2 28e. DATE O (Month, 1) to building	o deeth but ER/Outpette FINJURY Dey, Year)	ONSEQUENCE OF THE PROPERTY OF	OTHER 4 Nursi	26. PLACE OF D: ng Home 5 R: WORK? 1 YES 2	given in	Part I. 24a. WAS AN PERFOR 1 YES 2	NJURY OCCI	JRED	MAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 N NO
OMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond Chronic Myel 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat 2 Accident 3 Suicide 6 Could no determine 29a. CERTIFIER (Check only)	tions contributing to CAPACUS HOSPITAL: 1 Inpetient 2 28a. DATE O (Month), ion t ba d HYSICIAN: To the best of	Department of the control of the con	ONSEQUENCE OF THE PROPERTY OF	OTHER 4 Nursi E OF Nursi M street, facto	26. PLACE OF D ing Home 5 R 28c. RIJURY AT WORK? 1 YES 2 Ty. pffice	given in	Part I. 24a, WAS AN PERFOR 1 YES 2 Sck only one) 6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCI	JREO or Runul R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond Chronic much 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 (Application 2 28e. DATE O (Morin), identifying the basis of MINER: On the basi	D deeth but CLUKE ER/Outpetter FINJURY etc. (Spenify)	not resulting emia Pent 3 DOA 28b. TIM IN. At home, ferm, i l	OTHER 4 Nursl E OF URY M street, facto	26. PLACE OF D To Home 5 Re 28c. INJURY AT WORK? 1 YES 2 Try, office Try, office	given in	Part I. 24a. WAS AN PERFOR 1 VES 2 ack only one) 6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street and City or Rown, Sprint) to the cause(a) and mart time, date and place, and	NJURY OCCI	JREO or Rund R d. cause(s)	AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond Chronic Much 25. WAS CASE REFERRED TO MEDICAL EXAMINERY? 1	HOSPITAL: 1 HOSPITAL: 1 Inpetient 2 28a. DATE O (Month), 100 1 ba 28b. PLACE obuilding 1 ba WHO COMPLETED CAL M. D., Joh	Department of the second of th	not resulting Compared to the control of the contr	OTHER 4 Nursi	26. PLACE OF D 10. The second of the second	given in BEATH (Che Brildence NO NO And due ROSE NUM	Part I. 24a. WAS AN PERFOR 1 YES 2 Sck only one) 6 Other (Specify) 28d. DESCRIBE HOW II 191. LOCATION (Street & City or Town, Special to the cause(e) and martifme, date and place, and ABER	NJURY OCCI	JREO or Rund R d. cause(s)	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 VES 2 NO Double Number and manner as stated
BY PHYSICIAN: MEDICAL	H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond Chronic much 25. WAS CASE REFERRED TO MEDICAL EXAMINERY? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat 2 Accident 3 Suicide 6 Could no determine 29a. CERTIFIER (Check only one) 2 MEDICAL EXA 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON	HOSPITAL: 1 HOSPITAL: 1 Inpetient 2 28a. DATE O (Month), 100 28a. PLACE obuilding 10 WHO COMPLETED CAL M. D. , JOh 32. REGISTR	DIOR AS A CO DIOR	not resulting Compared to the control of the contr	OTHER 4 Nursi	26. PLACE OF D 10. The second of the second	given in BEATH (Che Brildence NO NO And due ROSE NUM	Part I. 24a. WAS AN PERFOR 1 YES 2 Sck only one) 6 Other (Specify) 28d. DESCRIBE HOW II 191. LOCATION (Street & City or Town, Special to the cause(e) and martifme, date and place, and ABER	NJURY OCCI	JREO or Rund R d. cause(s)	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 VES 2 NO NO Dutte Number and manner as stated



BALTIMORE, MARYLAND 21215-0020

ITAL RECORDS, P.O. BOX 68760,

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DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSIC	this ce	with th
ON	DING	After	death
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	1. DECEDENT'S NAME (First, I	Middle, Last)									OF DEATH			3. TIME OF DEATH	-
		GERACI		MEADO	WS					10		05 S	2	0700	М
	4. SOCIAL SECURITY NUMBE 213-48-839	90	1 🗌 M 2 💢 F		rs. lest birthdey) 82 vns.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE (Mont	OF BIRTH	10	s. BIRTH Country	PLACE (State or Foreign Wash., D.	C.
Œ	\$8. FACILITY NAME (If not inst PENINSULA REC			CENTE	ED.	-			ON OF DEA	ATH		9c. COUN			
010	RESIDENCE OF DECE	EDENT	MEDICAL	CENTI	EK		SALI	SBUR	.Y			1	VICO!	MICO	_
L DIRECTOR	MD 10e. STREET AND NUMBER	Montgo	omery		111111111111111111111111111111111111111	hevy								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	8101 Connect					101. ZIP CODE 10g. CITIZEN OF 2 U.S.									
BY	11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 Divorc	Married	2. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	2X NO		f yes, spe	ENDENT O	OF HISPANI on, Maxican Specify:	, Puerto I	17 (Specify Ye Rican, etc.)	es or No—	14. RAČE Black Specif	- American Indian, White, etc.	
COMPLETED	15. DECEC (Specify only in Elementary/Secondary (0-1)	OENT'S EDUCAT highest grade cor (12)	mpleted) College (1-4 or 5 +))	Give kind of life. Do NOT us	work done o se retired.)	CUPATIO)N st of workin	ng	16b		JSINESS/INDL	S/INDUSTRY		
OMP	17. FATHER'S NAME (First, Mide	tella (aut)	3		Homema	ker				Own Home R'S NAME (First, Middle, Maiden Surname)					
u I	Ignace Gera										Middle, Melder Bonado				
TO B	19a. INFORMANT'S NAME (Type				19b. MAILING	AODRESS	RESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						_		
ř	Constance (lows									2181			
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of caraptery, crematory or other place) Glenwood Cemetery 20c. Location - City or 10/8 Washington														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACULTY JOSEPH Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, DC 2001 23. PART I. Enter the diseases, Dr complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate														
CERTIFICATION	shock, pr hee IMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	INFAR INFAR	CTIOI	N							Approximate interval Betwee Onset and Dea				
MEDICAL	PART II, Other significent	conditions c	ontributing to d	leeth but n	not resulting i	n the und	derlying	ceuse g	iven in P	art I.	24e. WAS AN PERFOI 1 YES	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	3
PHYSICIAN:	25. WAS CASE REFERRED TO A						26. PL/	ACE OF DE	EATH (Chec	k only on	9)				_
YSIC	1 ALYES 2 NO	- 12	OSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHER 4 Nursi	:		sidence 8						_
10	27. MANNER OF DEATH 1 Netural 5 Per	endina	28a. DATE OF III (Month, Day	/ Year1		URY	28c. INJU WOR	RK?				NJURY OCCL			
à l	2 Accident Inv	vestigation	8/12/9 28a. PLACE OF		15:3			ES 2X	-			RASH C			_
E I EU	4 Homicide det	demined	27 Su	n Dia	al Cir	ccle	, O	cean ines	1	BERI	IN, M	ID		ute Number,	
COMPL	2 A MEDICA	AL EXAMINER: 0	N: To the bast of m	ny knowledge imination and	e, death occurre d/or investigation	nd at the tir	ne, deta a ilnion, de	and place, eath occurs	and dua to	the cau	se(s) and me and place, ar	nner as stated	l. cause(s)	and manner as stated,	
BE	296. SIGNATURE AND TITLE OF	3.0	Bedy !	(hn)	EPUTY 1				NSE NUMB 3599	ER			31GNE0 (Month, Day, Year) -92	
	JOHN T. BUI	LKELEY,	M.D.,	OF DEATH	(ITEM 27) (Type, INE BLI	Print) UFF P	OAD	, SAI	LISBU	RY.	MD	21801			

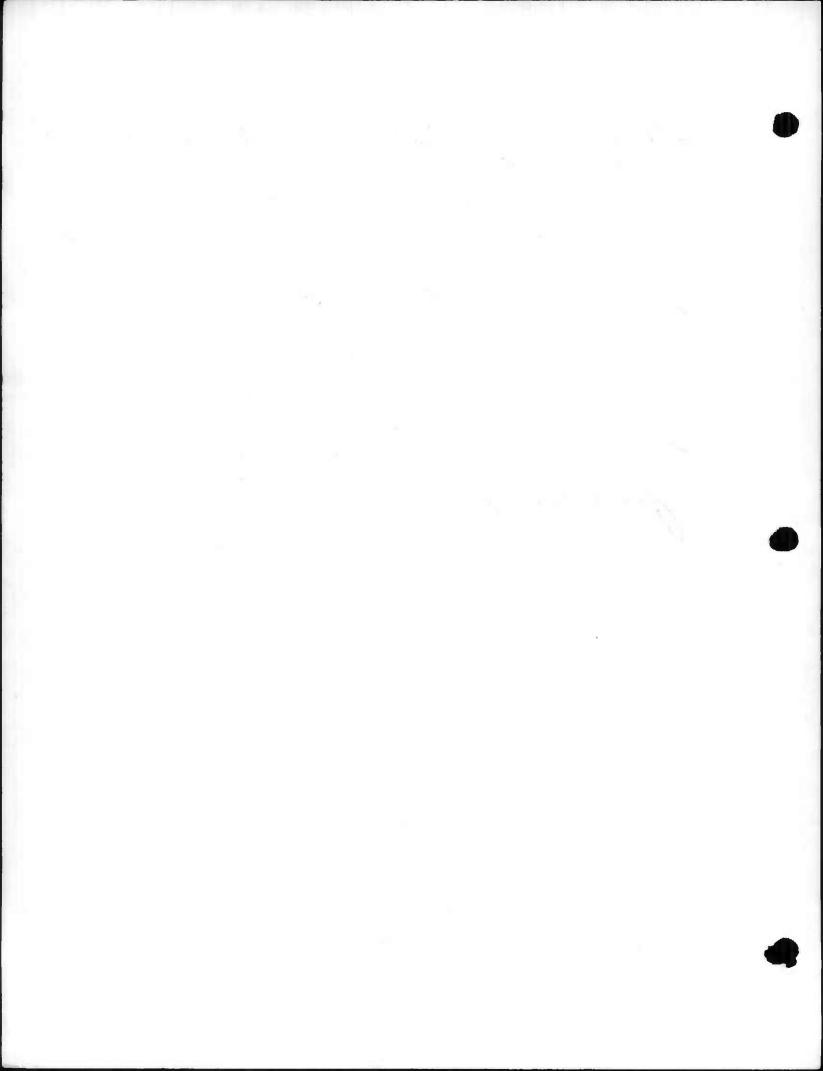
BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate the present of the present of the properties of the following properties of the following properties of the following the	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The mace interpretation of the companies of the mace of the mace of the mace of the propriated or attending physician.	TO THE FUNERAL DIRECTOR: After this cartificate to transport by the attendant physician and completely fill be filed within 72 hours after death with the State of Theorem and Maria completely fill.	IMPORTANT: If item 28 is marked, or item 20 and item and injury, or other traumatic event, the medical examiner must be notified at once.

j.	1. OECEOENT'S NAME (First, Middle, Last) Catherine	D. Ma	gill		· OAT	- 01	DEA		2. DATE OF D	DEATH DAY		YEAR 3.	TIME OF GEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDE		7. DATE OF E (Month, De	BIRTH			ACE (State or Foreign
	313 10 5699	1 M 2 X F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	JAN 2	7,	190	ILL	INOIS
	9a. FACILITY NAME (If not institution, give st	reet and number)						ON OF DE	EATH			NTY OF DEA	
5	WASHINGTON ADV	ENTIST	HOSPIT	AL	TAKOMA PARK MONTGOMERY						MERY		
DIRECTOR	10a. STATE 10b. COUNTY	NTGOMER	RY	10c, CIT	SIL			RING	3			100	Dd. INSIDE CITY LIMITS? YES 2 NO
LONGHAL	100. STREET AND NUMBER 603 DEERFIE	LD AVE.				10	. ZIP COD	2091	.0		10g. CITI	J.S.A	AT COUNTRY?
BT FUN	11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AB YES 2 1	MED		If yes, sp	ecify Cub	OF HISPAN on, Mexica Specify	NIC ORIGIN? (S on, Puerto Ricar y:	pecify Yes	or No-	Black, V	- American Indian, White, etc.
3	15. OECEDENT'S EDUCATION (Specify only highest grade completed)			CEDENT'S	USUAL O	CCUPATI	ON		16b. KIN	D OF BUS	INESS/INC		
COMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5			work done se retired.) MAKE		et of work	ng					
SE CON	17. FATHER'S NAME (First, Middle, Lest) THOMAS	G.	DUNN				18. MO1	HER'S NA	ME (First, Middle ES	le, Maiden :	Surname) \	JANEM	IAN
_ 11	19a. INFORMANT'S NAME (Type/Print) ALICE BUELL		194 S	AME	ADDRES	S (Street of 1 0 €	and Numbe	r or Rural i	Route Number, C	City or Town	, State, Zip	Code)	
	20s. METHOD OR DISPOSITION 1 Burial 2 Cremetton Remody 4 Donation 5 Other (Specify) 21. BIGNATURE OF FUNERAL REPVICE LED		206. PLACE of cemetary. Metro	cremator	itan 22.	NAME A	ema	SS OF FA	CILITY Ta	/92 akom	Ale a Fi	ınera	lria, Va
4	23. PART I. Enter the diseases, or a		nu	/									on, D.C.
NO	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	A	OR AS A CONSE	DUENCE C					· · · · · ·				Onset and Deat
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	S A CONSEDUENCE OF):									
	DART II Other electricant and distant		death text and				-0.00						1
EDICAL	PART ii. Other aignificant condition	_	oin Tota				g ceuse	given in	Part I. 244	PERFOR		A	TERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
		-				Q.			1	YES 2	NO	0	F DEATH?
			inama al			1			-			1	YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL	Sever	e ges Trid	we !	ung		LACE OF	DEATH (Ch	neck only one)				
	EXAMINER? 1 YES 2 ND	HOSPITAL:	R/Outpatient 3	DOA	OTHE 4 Nu	R:			6 Other (S)	nec#vI			11
DI PHISICIAN.	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	26a. DATE Of (Month, L	FINJURY	26b. Til	1	28c. IN	JURY AT DRK? YES 2		28d. OESCRI		NJURY OC	CURED	
- 11	3 Suicide 6 Could not be determined		OF INJURY — At he, etc. (Specify)	ome, farm,	street, fac	tory, offi	CO .		26f. LOCATIO City or R	ON (Street a own, State)	nd Numbe	r or Rural Rou	rie Number,
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI												and manner as stated.
IO BE C	1000000	Milley) 174			29d. DAT	0 15 19	North, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO DEBORAH GOLDBER	RG 8700	GA. AV	/E,	SIL	/ER	SPR	ING	, MD	2091	0 #	400	
	31. DATE FILOCY 07 192	32. FEGISTR	AR'S SIGNATURE	المالية	2								

187 07 39 Senting

THE CHEST TO BOX 13140, BALLIMONE, MANILAND 21203-3140	And the second of the control of the	rations has been somed by the extending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should	in the State of Maria Mydiene prior to burial, cremation, or removal.	ad, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VILL	TO THE HOSPITAL OR ATTENDING PHYSICIAN TO	TO THE FUNERAL DIRECTOR: After this certificate	be filed within 72 hours after death with the Staff	IMPORTANT: If Item 28 is marked, or iten

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF H	EALTH AND I	MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Lest)	Ρ.	Mair	in .		2. DATE OF DEATH	V 9	AR 2 3. TIME OF OEATH		
	215-12-6933	□ M 2 1 93	yrs. leat birthday) YRS.	#F UNDER 1 YEAR MONTHS DAYS 10 8	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10 - 30 - 18		BIRTHPLACE (State or Foreign Country) Maryland		
OR	90. FACILITY NAME (II not institution, give stree Manokin Manor RESIDENCE OF DECEDENT		me		CESS AN		Some I			
REC	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?		
IL DI	Maryland Som 100. STREET AND NUMBER	erset	P	rinces 10	. ZIP CODE		10g. CITIZEN	1 YES 2 NO OF WHAT COUNTRY?		
NER/	Route 3, Box 1				21853			S.		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2 H 10	If yes, sp	CENDENT OF HISPAN ecity Cuban, Mexica 2 (1) HO Specify	IC ORIGIN? (Specify Yea n, Puerto Rican, etc.) :	or No — 14.	RACE — American Indian, Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION mpleted)	16a, DECEDENT'S (Give kind of a	USUAL OCCUPATI work done during m	ON ost of working	16b. KIND OF BUS	SINESS/INDUST			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)		sewife						
CON	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden				
BE	Edgar W. Law 190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		N. Hugh &		zie)		
임	Mrs. Evelyn Mer		Stew	art Ne	ck Apt.	16, Pr.	Anne,	Md. 21853		
	26a. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	other place)		metery, cremetory or		cation — city			
	4 Donation 5 Other (Specify) All Saints Monie Cemetery Venton, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hinman Funeral Home									
	fam I fly		00295	Pr	incess	Anne, Md	. 2185			
	23 Part I. Enter the disesses, or conshock, or heart fellure. Lie imagnitude CAUSE (Final disesse or condition	mplications that caused st only one cause on ea	ch line.			190	iretory srrest	Approximate Interval Between Onset and Death		
	resulting in death) s.	DUE TO (OR AS A	CONSEQUENCE O	F):	. 1	0.				
NO.	Sequentially list conditions, if any, leading to immediate	DUE TO OR AS A	CONSEQUENCE O	SIVE	Hear,	+ Hite	ne			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
	PART II. Other significant conditions	contributing to death bu	it not resulting	In the underlylr	ig cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS		
DICAL	Den	entia				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
N: MEDI	Party	gheral V	ascu	lan D	ixase	None-trape		1 TES 2 NO		
SICIAN:		HOSPITAL:		OTHER:	LACE OF DEATH (Ch					
PHYS	1 YES 2 NO 1	26a. DATE OF INJURY	28b, TIN	E OF 28c. IN	JURY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 🗆	YES 2 NO					
	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, factory, off	ce	281. LOCATION (Street City or Town, State)	end Number or ;)	Rural Route Number,		
COMPLETE	[Crieck only	AN: To the best of my knowle On the basis of examination						ause(s) and manner as stated.		
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER		-(1		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)		
10 8	DO NAME AND ADDRESS OF PERSON WITH	200		Direct	1758	42	9	18192		
	30, NAME AND ADDRESS OF PERSON WHO	refelista	Mb	Ma	nolais	Manor	Pr	incessAhuc W		
	31. DATE FILED (14. th, 120), 160()	Julia Davi	down Rong	Laste.						



TO THE HOSPITAL OR ATTENDING HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

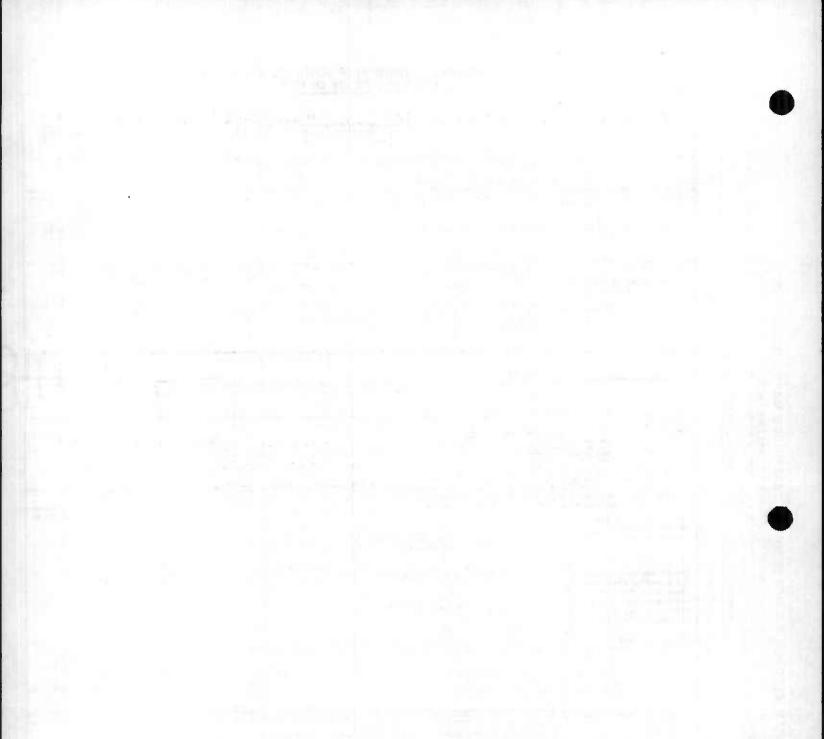
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death, with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

#17,18 takenfrom BC 6/25/93 kam
FOR
STATE OF MAI
REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. REG. NO.

1. DECEDE	NT'S NAME (First, Middle, La			1		2. DATE OF DEATH	-	3. TIME OF DEATH			
~	laresa . E	boy of Patricia	L AKA	James	Michael		O 199				
4. SOCIAL	SECURITY NUMBER	S. SEX 8. AGE	(In yrs, jast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.8	IRTHPLACE (State or Foreign			
No.	ie	1 M 2 F	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 9/29/93	1 4	nnary land			
	Y NAME (If not institution, gi	ve street and number)		9b. CITY, TOWN	OR LOCATION OF		9c. COUNTY C				
Univ	ersite of Mary	pland Medica	Systen	Balt	o City						
10e. STATE	NCE OF DECEDENT										
-212		1		TOWN OR LOCA				10d. INSIDE CITY LIMITS?			
	TAND NUMBER	lashing ton	170		wn Mo			1 VES 2 NO			
IOU. STREE		land Dr		1	M. ZIP CODE			OF WHAT COUNTRY?			
10e. STREE		12. WAS DECEDENT EVER			2174		USI				
	Married 2 Married	FORCES? 1 YES	2 NO	II yes, s	pecify Cuban, Mexic	ANIC ORIGIN? (Specify Year, Puerto Rican, etc.)	o or No — 14. F	RACE — American Indian, Black, White, etc.			
3 🗌 Widos	ved 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYE	S 2 -NO Spec	lly:	S	ipectly: white			
	15. DECEDENT'S E		16a. DECEDENT'S U	SUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUSTE				
Element // 17. FATHER	(Specify only highest gr tary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wo	ork done during m	ost of working	100 100 01 00	5.112.557.11.5057.1				
N	1/4	NIA	N/1	7		NIA		4			
17. FATHER	S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Malden	Sumamal				
	e lactual	James Alexander	Jenson			cia 2	5.45	n DiMarino			
40 - 81508	MANT'S NAME (Type/Print)			ADDRESS (Street		Plante Number, City or Tow					
	dall L. Tre	color MO	unn			ine St. B.					
20a. METHO	DD OF DISPOSITION	20	b. PLACE AND DATE OF				CATION City o				
	2 Cremation 3 R		metery, crematory or other			ELK					
21. SIGNATI	THE OF FUNERAL BERVICE	LICENSIE	ATON CEN	22. NAME A	ND ADDRESS OF F	ACILITY	CO C N	DIALCT			
	22. NAME AND ADDRESS OF FACILITY OF E. MAINST.										
-	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate										
23. PAH1	shock, or heart fallur	or complications that cause no. List only one cause on	ed the death. Do no each line.	t enter tha m	ode of dying, su	ch as cardiac or reap	iratory arrest,	Approximata Interval Between			
shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final								Onset and Death			
	r condition in death)	a. extreme	pre-net	wity				21 d.			
Seguentia	ally list conditions,	B. Respirator	alistress	54.	reloome			21d.			
If any, las	iding to immediate	DUE TO (OR AS)	A CONSEQUENCE OF):	. /							
CAUSE (C	star UNDERLYING	a Portent	A CONSEQUENCE OF	Ar Lerios	13			21 d.			
that initia	ted events in death) LAST										
		d. Probable S	epsis								
	Other significent condit	iona contributing to deeth	but not resulting in	the underlyin	g ceuse given in	Pert I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
PART II. S						PERFOR	. /	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						1 TES 2	TWO	OF DEATH?			
- 13								1 YES 2 70			
25. WAS CA	SE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	heck only one)					
1 TYE	ER?	HOSPITAL: 1 Propertient 2 ER/Out		OTHER:		8 ☐ Other (Specify)					
25. WAS CA EXAMIN 1 VE 27. MANNEF	OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c, IN	JURY AT	28d. DESCRIBE HOW I	NJURY OCCURED				
1 Nat		(Month, Day, Year)	INJUI	RY W	YES 2 NO						
2 Acc		28e. PLACE OF INJUR	Y — At home, ferm, str			201. LOCATION (Street a	and Number or Pa	rel Route Number			
4 🗌 Hor	0 Coura not	building, atc. (Sp.	ecity)			City or Town, State)					
4 Hou	IER 1 CERTIFYING PH	VEICIAN: To the best of an	dealer alle								
(Check one)		YSICIAN: To the best of my know INER: On the basis of examination									
			on and/or investigation,	in my opinion,	seath occured at the	e time, date and place, an	d due to the cau	Je(e) and manner as stated.			
29h SIGNAT	URE AND TITLE OF CERTIF	FIER)		29c. LICENSE NU		29d. DATE SIGN	NED (Month, Day, Year)			
Ka	rdal L.	cesser 17			N3°	7702	10/	2492			
30. NAME A	4	WHO COMPLETED CAUSE OF D				0					
		ressler MD	- 4	MAMS	22 5.	Green	57.				
	T 26 1992	32. REGISTRAR'S SIG	RATURE								
I UL	NUIJUL	//	1								



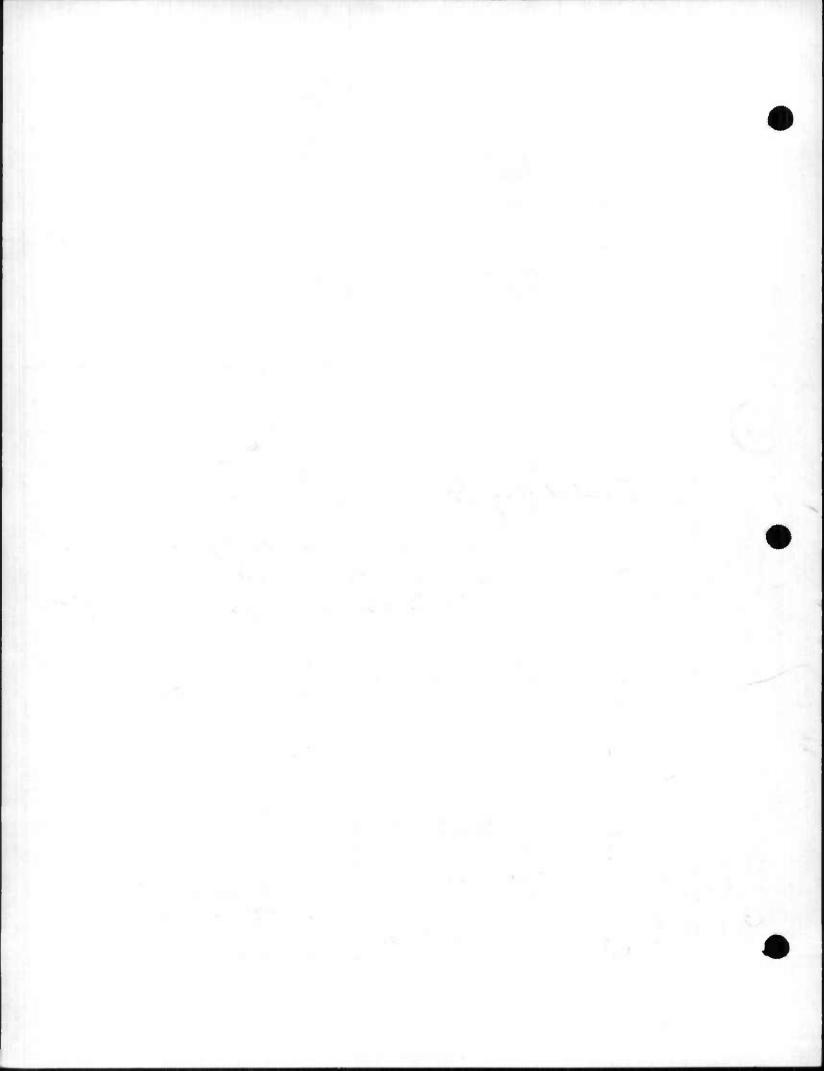
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

man permanent by the hospital or attending physician. ed at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page in 70 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction of filed within 72 hours after death with the State Dept. of Health and Menial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

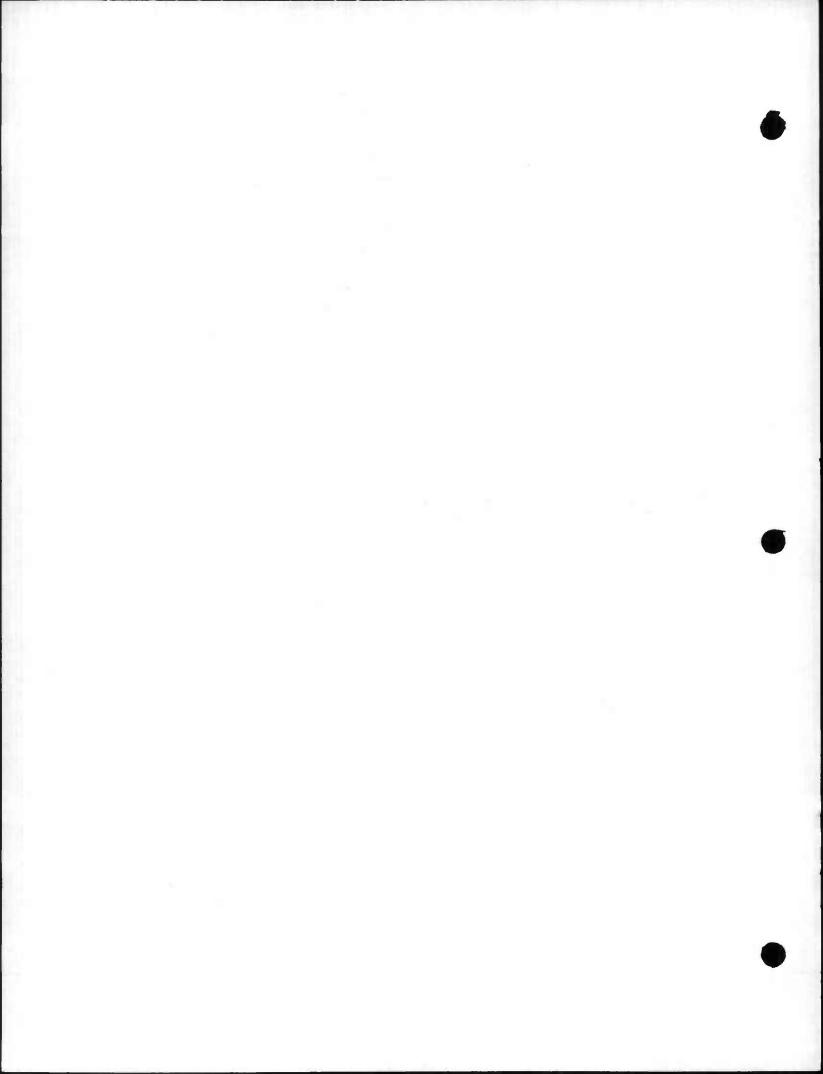
Po.	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN	E	63166
	1. DECEDENT'S NAME (First, Middle, Last) Kathleen Cec					2. DATE OF DEATH		3. TIME OF DEATH 2:30 A M
	4. SOCIAL SECURITY NUMBER 705-05-8076	1 🗆 M 2 💢 F	(In yrs. last birthday) 9 4 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-24-189	8. BIRTI Count	HPLACE (State or Foreign
POR	90. FACILITY NAME (If not Institution, give Residence 194		St.	ob. City, Town of Cumber	land	ATH	ac county of E	
DIRECTOR	100. STATE 10b. COUNT Maryland Alle			nberlan				10d, INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 194 N. Centre				ZIP CODE 21502	2	10g. CITIZEN OF	
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR DR DO	2 XND	If yes, spe	ENDENT OF HISPAN leify Cuban, Mexica 2 ND Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No- 14. RAC	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)	JCATION a completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT use Sales!	USUAL OCCUPATION ork done during mose retired.)	N st of working		SINESS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Lest) James D. Ken	nev		<u></u>		ME (First, Middle, Maiden B. McGre		ore
TO BE	190. INFORMANT'S NAME (Type/Print) Joseph A. Madd				nd Number or Rural F	Cumberla	n, State, Zip Code)	21502
	20a_METHOD OF DISPOSITION 1 S Burial 2 Cremation 3 Ren 4 Donation 8 Other (Specify)	coval from State	PLACE AND DATE O	E DISPOSITION /No.	me of	DATE 204 10	CATION CHI OF T	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	7.	Leas	ure-Ste	NI ITV	230 Bal	ltimore Av
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR AS A C.	nch line.	agran Su		lewis		Approximate interval Between Onset and Death
AL	PART II. Other algnificent condition	ne contributing to deeth b	ut not resulting in	n the underlying	cause given in	Part I. 24a. WAS AN PERFOR	MEO?	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? P.C. CASED 27. MANNER OF DEATH Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be	HOSPITAL: 1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	28b. TIME INJU	OTHER: 4 Nursing Home OF				
COMPLETED	4 Homicide determined	building, etc. (Spec	ffy)			City or Town, Stete)		TOUR NUMBER,
BE		ICIAN: To the best of my know ER: On the bests of exemination				time, date end piece, an		
10	30. NAME AND ADDRESS OF PERSON WH	MDR C	NMB	BERLA	no f	p Z1.	52	
	OCT 0 9 19	92 REGISTRAR'S SIGN.	ATURE Pandell					



Pages 1, 2, 3 should

where death. Page 6 may be retained by the hospital or attending physician.	of these 5 should be deficited for use as the bunial-transit permit,	us be notified at once.	
seff. Page 6	1	diameter.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 noun after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and computery fine to be incomputed by the huger through the burial transit permit. The first of hours after death with the State Dept. of Health and Mental Hygiene prior to burial, common an emmon to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, common an emmon to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial common and the filed within 12 hours after death with the State Dept. of Health and Mental Hygiene prior to burial common and the filed within 12 hours after death with the State Dept. of Health and Mental Hygiene prior to burial common and the filed within 12 hours after death with the State Dept. of Health and Mental Hygiene prior to burial common and the filed within 12 hours after death with the State Dept. of Health and Mental Hygiene prior to burial common and the filed within 12 hours after death with the State Dept. of Health and Mental Hygiene prior to burial common and the filed within 12 hours after death with the State Dept. of Health and Mental Hygiene prior to burial common and the filed within 12 hours after death with the State Dept.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical campiter out be notified at once.	

							9	12	2972	3
	1 - FOR STATE REGISTRAR	ATE OF MARYLA		TMENT OF I			YGIENE EG. NO.			
11.	1. DECEDENT'S NAME (First, Middle, Lest) PATRICK O.	MYERS	· · · · · · · · · · · · · · · · · · ·	JR.		2. DATE OF D MONTH 10-07	EATH	YEAR	3. TIME OF DEA	А м
9	4. SOCIAL SECURITY NUMBER 5. SE 214-07-3519	6. AGE (in 74	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B 0 Worth, Day	IRTH	8. BIRTI	IPLACE (State or Fi	
OR	96. FACILITY NAME (If not institution, give street an Memorial Hospital &		enter	96. CITY, TOWN	land	EATH	2.5	egan		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	_		Y, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS? 1 YES 24	Y
	WV Minera 106. STREET AND NUMBER	1	Ft	. Ashby	. ZIP CODE	.			1 TYES 2/E	NO
FUNERAL	1 Never Married 2xt Married F	MS DECEDENT EVER IN ORCES? 1 YES	X NO	If yes, sp	26719 ENDENT OF HISPAI ecity Cuban, Mexico	in, Puerto Rican	ecify Yes or No-	Blac	E — American Indi k, White, etc.	ien,
ED BY	15. DECEDENT'S EDUCATION			USUAL OCCUPATE	NO Specil		OF BUSINESS/I	<u>. </u>	White	
PLETED	(Specify only highest grade comple Elementary/Secondary (0-12) Con	ege (1-4 or 5+)	Illa. Do NOT us	work done during me se retired.) truck dr			ailroad			
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Patrick O. Myers	s. Sr.				ME (First, Middle L. Cra	Maiden Sumame abtree)		
TO 8	190. INFORMANT'S NAME (Type/Print) Mrs. Inez. C. Mvers		1		rnd Number or Aural Ft. Ashb			Zip Code)		
1	20a. METHOD OF DISPOSITION 103 Burlel 2 Cremetion 3 Removal fr	om State come	tery, cramatory or o	of disposition (M ther place) 1 Cemete		DATE 10-10	20c. LOCATION -			
ソ	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1 can	1/1-	Scar	pelli Fu erland,	neral H	Home			
	23. PART I. Enter the diseases, or compleshook, or heart failure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	cations that caused inly one cause on each	A Te	not enter the mo	de of dying, suc	h se cardiac	or reapiratory a	arreat,	Approxim interval 8 Onset and	Between
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C								
4: MEDICAL C	PART II. Other algorificant conditions com		t not resulting	in the underlyin	g ceuse given in		WAS AN AUTOPS' PERFORMED? YES 2 NO	Y 24b	WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE
PHYSICIAN:		SPITAL:	Harri 2 DOA	OTHER:	ACE OF DEATH (Ch		30			
	27, MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	URY AT RK? YES 2 NO		eny) E HOW INJURY O	CCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	86. PLACE OF INJURY — building, etc. (Specify	- At home, term, s			281. LOCATION City or Tou	(Street and Numb m, State)	er or Rural I	Route Number,	
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 1 2 MEDICAL EXAMINER: On 1								a) and manner ee a	stated
96	296. SIGNAPHIE AND TITLE OF CENTIFIER				29c. LICENSE NUI D14865				(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COM Robustiano Barrera,	M.D., Memo	rial Ho		Medical 1	31dg.		10-	12/2	_
	OCT 1 3 1992 July	2. RECUSTRAR'S SIGNAT	URE of							



		FOR STATE REGISTRAR		STATE OF	MARYL	AND /	DEPAR	TMENT	OF I	HEALTH AND	MENTAL H		
	1	1. DECEDENT'S NAME (First ROY ALLEN		E							2. DATE OF MONTH OCTOB		
Pio		4. SOCIAL SECURITY NUM 235 30 216	52	5. SEX	6. AGE (in yrs. lesi	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 1 (Month, De 1 2 - 2		
2, 3 should	ECTOR	SACRED HEA	ART HOS							OR LOCATION OF D	EATH		
permit. Pages 1, 2,	DIREC	10a. STATE WEST VA	10b. COUNT	y NERAL			-	Y, TOWN O					
苦	FUNERAL D	100. STREET AND NUMBER						LUGI		26753			
-0020 Jing physician. the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divi	Married	12. WAS DECEDE	1 YES	2 X N		- 1	yes, sp	CENDENT OF HISPA Healty Cuben, Mexica 2 NO Special	an, Puerto Rica		
AND 21215-0020 The hospital or attending physician, defected for use as the burla-tranonce.	APLETED	15. DE (Specify on Elementary/Secondary (CEDENT'S EDU ly highest grade 6-12)	CATION completed) College (1-4 or 5	ON ost of working	18b. KIN							
MARY LAND cannot by the hospit 5 should be detected notified at once.	BE COMPL		17. FATHER'S NAME (First, Middle, Last) CLARENCE MALONE 18. MOTHER'S NAM NELLII										
be notified	10	MARY CLAR		LONE						and Number or Rural 136 -			
		20g. METHOD OF DISPOSITION 1 DEPOSITION 1 DE	on 3 🗆 Rem r (Specify)		20b	PLACEA etery crer OSE	ND DATE		ЕМЕ	TERY 10			
death. Pe funeral		21. SIGNATURE OF FUNERAL	A.	Unchee	uch			G 2	EOR 02	ND ADDRESS OF FA CGE - UPCI GRESNE	HURCH ST., C		
y filled in by attion, or remo		23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death)	esit fallure.	a. End	H Caused use on e	och line.	m	act		Heart	/		
Co. BOX certificate be ex ding physician a fygiene prior to	RTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inji that initiated events resulting in death) LAS	indiate ING ury	c	OR AS A					-	<u></u>		
S, e deal he att Menta	EDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part											
PPE / req	Σ				/								
는 다 의 등 등	PHYSICIAN:	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	□ ER/Outp	atient 3	□ DOA	OTHER 4 - Num	:	LACE OF DEATH (C/			
ON O DING PHY After this death with	D BY	27. MANNER OF DEATH 1	(Month, i	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)				1 🗆	YES 2 NO	28d. DESCRIE 281. LOCATIO City or To			
3 4 5 m	COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, date end place, and due to the cause(s one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and											
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE CO	29b. SIGNATURE AND SYTU	-		W	2				29c. LICENSE NU			

31. DATE 10 17 17 17 3 1992

DR. GARY WAGONER,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

P. REDISTRAR'S SIGNATURE

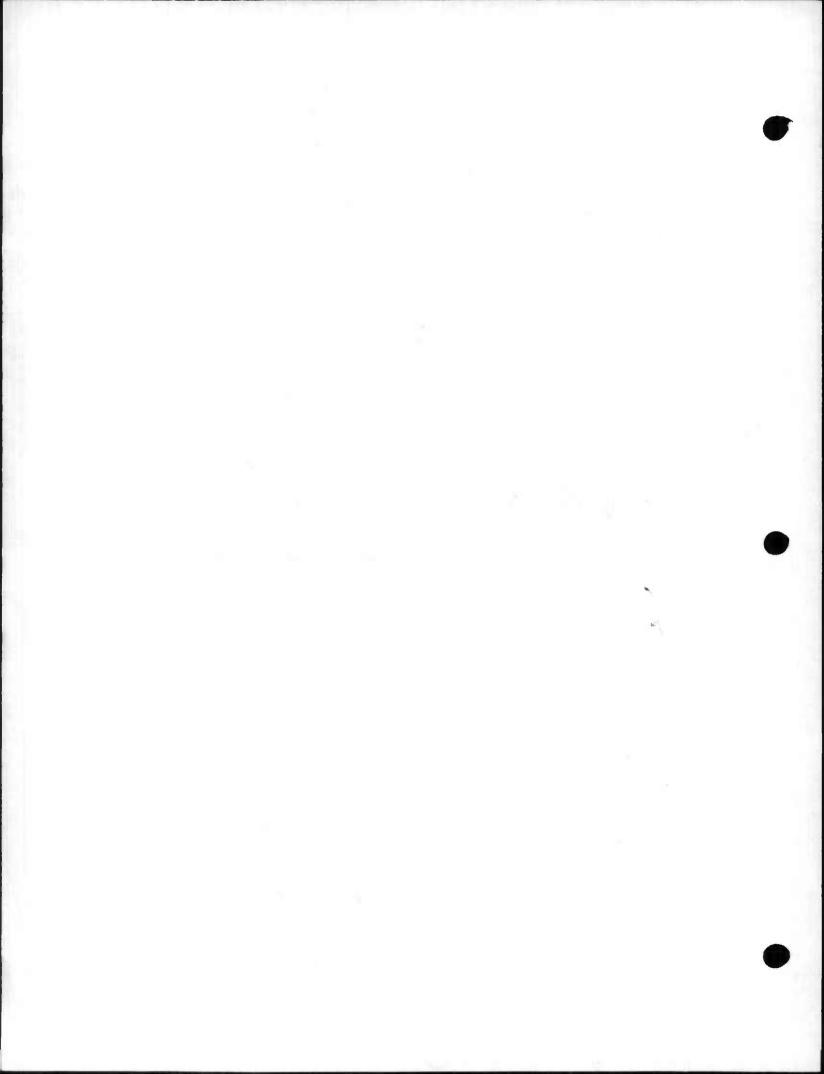
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8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE DEATH 3. TIME OF DEATH YEAR ER 10, 1992 07:00 A M BIRTH by, Year) -25 8. BIRTHPLACE (State or Foreign Country)
WEST VIRGINIA 9c. COUNTY OF DEATH ALLEGANY 10d. INSIDE CITY 1 - YES 2. NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: WHITE ND OF BUSINESS/INDUSTRY QUALITY CONTROL I.B.L. le, Maiden Surname) GOWER City or Town, State, Zip Code) LEY, WV 26753 20c. LOCATION — City or Town, State CUMBERLAND, MD FUNERAL HOME, P.A. CUMBERLAND, MD 21502 or respiratory arrest, Approximata interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE . WAS AN AUTOPSY PERFORMED? YES 2 AND OF DEATH? 1 YES 2 NO ecity) BE HOW INJURY OCCURED ON (Street and Number or Rural Route Number, own. State) s) and manner as stated. ion, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated, 29d. DATE SIGNED (Month, Day, Year)

M.D., 925 BISHOP WALSH ROAD, CUMBERLAND, MD 21502

DHMH-16 Rev 1/89

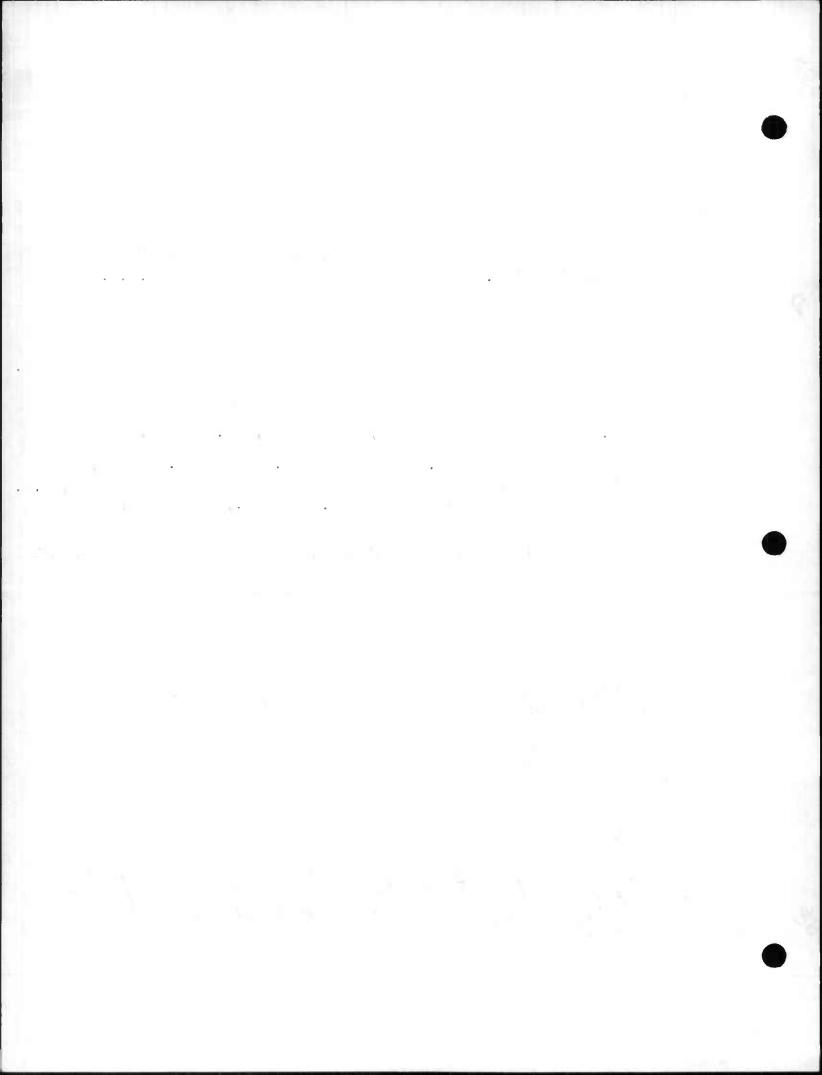


1 - FOR STATE REGISTRAR

		PHILLIP RUSSELL	MILLER				2. DATE OF MONTH	DAY	YEAR	TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER	7	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	992 B. BIRTHPLA	CE (State or Foreign			
2		214 07 5615		78 YRS.	MONTHS DAYS	HOURS MIN.	(Month, D	30/13	MARY				
3 should	œ	94. FACILITY NAME (If not institution, give			96. CITY, TOW	N OR LOCATION OF D	EATH	9c. COU	NTY OF DEATH	Н			
1, 2,	СТОВ	SACRED HEART HO	SPITAL		CUMB	ERLAND		A	LLEGAN	Υ			
Pages	DIRE	10a. STATE 10b. COUNT		EGANY CUMBERLAND									
permit.		MARYLAND AL.	LEGANY	CU		AND		10- CIT	IZEN OF WHAT	XYES 2 NO			
is.	ERA	1006 LEXINGT	ON AVE			21502			S.A.				
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER	IN U.S. ARMED		ECENDENT OF HISPA specify Cuban, Mexico	NIC ORIGIN? (S	Specify Yes or No-		American Indian.			
	84	3 Wildowed 4 Divorced	FORCES? 1 YES	DATES		ES 2 NO Specif		,,	Specify:	WHITE			
21 afte se	ED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S U (Give kind of wo			16b. KJ	ND OF BUSINESS/IN		WILLTIL			
21 Por select	LET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	We. Do NOT use	retired.)								
AND the hospital detached is	COMPL	17. FATHER'S NAME (First, Middle, Lest)		LANDSCA	PE GA			EGANY B	ALLIS	TICS LAF			
2 2 2 X	ш	JOHN MTL	I.FR				MA LE						
MARYLAND retained by the hospit should be detached notified at once.	TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	at and Number or Rural			Code)				
No S of	-	DONALD P MILL		BOX 10		LOW ROW		SAVAGE					
S C		20e. METHOD OF DISPOSITION 1		b. PLACE AND DATE OF imetery, cremetory or other SAVA	er place)		DATE	20c. LOCATION —					
		21. SIGNATURE OF FUNCTIAL SERVICE LI		SAVE		AND ADDRESS OF FA	CILITY	4 MT. S					
BAL nr death the tune val.		1/ Verila	$\mathcal{I} \mathcal{D} \times$	buess.	60 V	J MATN				OME, P.A D 21532			
d in by the or removements		23. PART . Enter the diseases, or shock, or heart failure.	complications that cause List only one ceuse on	ed the death. Do no	t enter the r	node of dying, suc	h as cardiac	or respiratory ar	rest,	Approximata			
		IMMEDIATE CAUSE (Final disease or condition			2				İ	Interval Between Onset and Death			
t age 7.	- 1	resulting in death)		ADDISEQUENCE OF:	mum	MUO				Committee			
N 8 5 7 6	z		h	The state of the s									
X a a a E	ATIO	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):									
Phy phy	FIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (DR AS	A CONSEQUENCE OF):									
C. O. DET	CERTIFICATION	resulting in death) LAST											
DS, F ne death the atte Mental		PART II. Other algnificant condition	na contributing to death	but not resulting in	the underly	ing cause given in	Part I. 24	e. WAS AN AUTOPSY	24h WES	RE AUTOPSY FINDINGS			
ORDS, it that the dea the by the att that and Menta any injury.	EDICAL	COPD						PERFORMED?	CON	ALABLE PRIOR TO MPLETION OF CAUSE			
Quires quires n sign f Heal	ME	Aspeatos	(2)					X		DEATH? YES 2 NO			
<u> </u>	ä	· ·											
OF VITAL PHYSICIAN: The law this certificate has b with the State Dept. ked, or item 23	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINERS 1 YES 2 NO	NOSPITAL:		OTHER:	PLACE OF DEATH (Ch							
SICIAN Certific the the	HYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Ou 28a, DATE OF INJURY	28b. TIME	OF 28c. I	ome 5 Residence		Decify) IBE HOW INJURY OC	CURED				
NG PHYS fler this ceath with marked	ВУР	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJUI		WORK? YES 2 NO							
□ 9 ¥ 0 m	8 03	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJUR building, etc. (Sp.	Y — At home, farm, str	eet, factory, of	fice		ON (Street and Number own, State)	or Rural Route	Number,			
DIVIS OR ATTE DIRECTOR hours afte	<u>-</u>	29a, CERTIFIER			_								
로 보고 보	COMPLET	(Check only	ICIAN: To the best of my known in the basis of examination										
THE HOSPITAL THE FUNERAL filed within 72		296. SIGNATURE AND TITLE OF CERTIFIE	1 CC	-	The state of the s	294 DICENSE NUI			E SIGNED (Mor				
TO THE HOSPIT TO THE FUNER DE filed within	H	cellila	LY DEM	well to	9	Do 63	333	•	10/12	192			
	2	30. NAME AND ADDRESS OF PURSON WA	D COMPLETED CAUSE OF D	EATH (ITEM 27) (Type.)	rint)	n/D	215	77	1				
4		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE C	mio	· max	0111						
_ /	l	00T 1 9 4000	0	MATURE									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

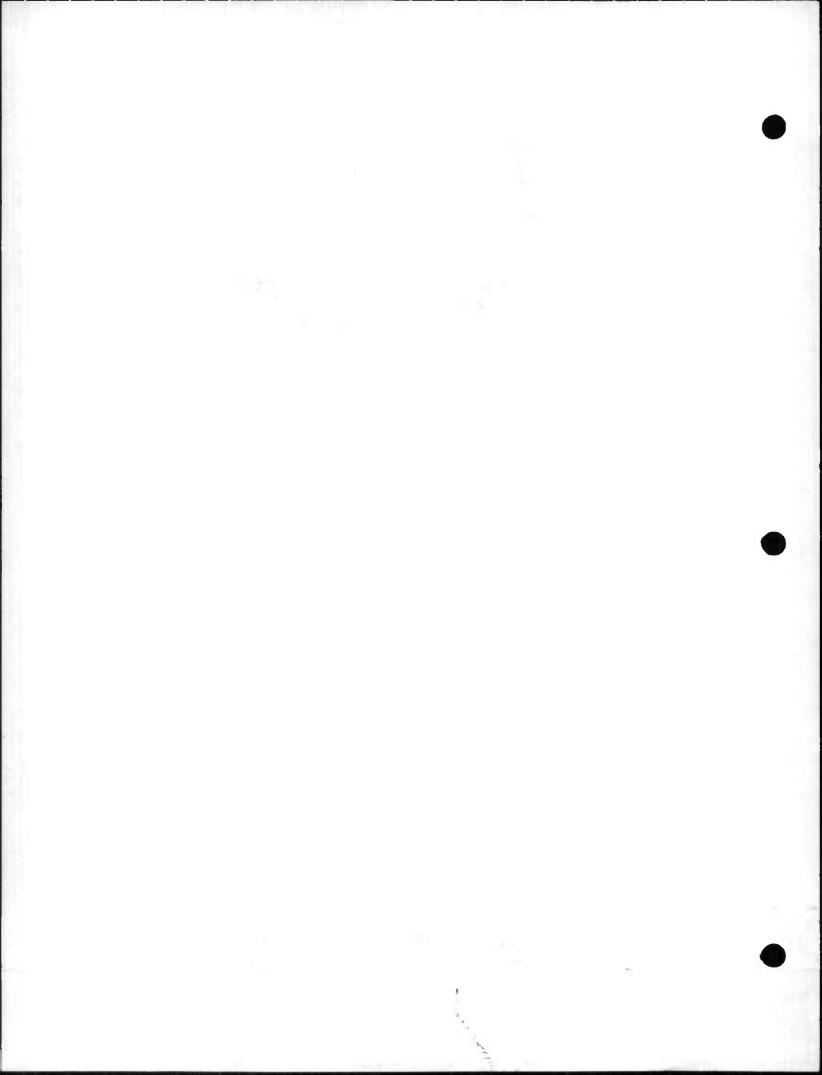
DHMH-16 Rev 1/89



		1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARY	CERTI					REG. NO						
		HELEN	F. 1	/URPHY					2. DATE OF DEATH MONTH DA OCTOBER 10	AY	YEAR	5.45 A.			
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday			IF UNDER	_	7 DATE OF BIOTH	-	8. BIRTH	PLACE (State or Foreign			
2	- 4	577-38-6686	1 □ M 2 □XF 6	2 YRS.	MONTHS	DAYS	HOURS	MINI.	APRIL 8, 1	1930	MAR	YLAND			
3 should	~	Sa. FACILITY NAME (If not institution, give s		***	9b. CIT	, TOWN	OR LOCATIO	ON OF DE	EATH	9c. COI	INTY OF D	EATH			
2,	стов	15107 INTERLACH	EN DRIVE, #6	22	SI	LVER	SPR	ING		MON	TGOM:	ERY			
Pages 1,	REC	10a. STATE 10b. COUNT	1	10c. C	ITY, TOWN	OR LOCAT	TION				I	10d. INSIDE CITY			
. j.	ā	DELAWARE SUS	SEX	S	SELBYVILLE							1 YES 2 NO			
if permit.	ERAL	10. STREET AND NUMBER				101	. ZIP CODE		_	10g. CI		THAT COUNTRY?			
DZU physician. burial-transit	FUNE	18 HICKORY LANE	12. WAS DECEDENT EVER	IN U.S. ARMED	13.	WAS DEC		1997	ORIGIN? (Specify Yes	or No-	USA 14 BACE	American Indian,			
		1 Never Married 2 Married	FORCES? 1 YES			If yes, sp		ı, Mexica	n, Puerto Rican, etc.)		Black	, White, etc.			
	D BY	3 Widowed 4 Divorced					AL .					WHITE			
- 6 E	ELE	15. DECEDENT'S EDU (Specilly only highest grade	completed)	16a. DECEDENT (Give kind o			ON ast of working	g	16b. KIND OF BU	SINESS/IN	OUSTRY	RY			
3 E		Elementary/Secondary (0-12)	College (1-4 or 5+)	TELEPHO		PERA	TOR		C & P	TELE	PHONI	F			
the ho	COMPL	17. FATHER'S NAME (First, Middle, Last)		TEEDELIN	JIL O	LLICA		ER'S NA	ME (First, Middle, Maiden		I HOM	<u>. </u>			
200	BE	CHARLES	FLORENCE				FLO	OREN	CE	W	RIGH	r			
MARY LAND	2	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or Tow						
2 2		KEVIN R. MURPHY 208, METHOD OF DISPOSITION	1					, GA	ITHERSBURG						
BAL LIMOR er death. Page 6 ma the funeral director, val. I examiner musti		1 A Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State CO	b. PLACE AND DAT metery, crematory of	other placa)			37			City or To				
Page 6 ral director		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	ALE UF			ND ADDRES		10/13 SII	VER	SPRII	NG. MD			
BAL I IN after death. Pag y the funeral di noval. cal examiner		Draw of	ellen Ch		FR 50	ANCI	S J.	COL	LINS FUNER	HAL	OME,	INC. P., MD 2090			
by after		23. PART I. Enter the diseases or o	complications that puse	d the death. Do	not enter	the mo	de of dyle	ng, suci	h as cardiac or respi	iratory a	Test,	Approximate			
		shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on	each line.	1-	1						Interval Between Onset and Death			
		disease or condition resulting in death) . Vetastatic Speak Cancer 2 ve										12 years			
D 00 10			DUE TO (OR AS	DUE TO (OR AS A CONSEQUENCE OF):								0			
UN 06/10 be executed sician and comfor to burial, craumatic events.	RTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
sician prior trau	CAT	If any, leading to immediate ceuse. Enter UNDERLYING													
certificate ding physi lygiene pri	FI	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):										
L & & - 0	CER	resulting in death) LAST	đ												
0 E 5 =	CAL	PART II. Other significant condition	s contributing to death	but not resulting	in the u	nderiying	g cause g	iven in	Part I. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS			
3 # 8 # 6									PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
w requires that been signed to the of Health a shows any	MED											1 TES 2 NO			
The law requires the has been sign ate Dept. of Heat em 23 shows	AN														
AN: The ifficate h State h	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	Sas mail	OTHE	A:	- 27		eck only one)						
HYSICIAN: The vith the State vith the State ved, or Item	PHYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28s. DATE OF INJURY	28b. T	ME OF	28c. INJ	URY AT	sidence	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OC	CURED				
NG PHYS ther this sath with	ВУ Р	Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY WORK?												
) 5 4 5 m		3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm	, street, fac	tory, offic	8	\neg	281, LOCATION (Street (City or Town, State)		r or Runal R	loute Number,			
DR ATTEN DIRECTOR: hours after Item 28 I	ETE	4 Homicide determined													
	MPLET	29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
	CON		R: On the basis of examination	on and/or investiga	tion, in my o	pinton, d	eath occurs	ed at the	time, data and place, an	ed due to t	he cause(s)) and manner as stated.			
물 물 물 등	BE (29L SIGNATURE AND TITLE OF CERTIFIE	41/4	#			29c. LICE	MSE MUN	201	29d. DA	E SIGNED	(Month, Day, War)			
5 5 3 X	6	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF THE	EATH (ITEM AT)	De (1-4)			07	0.71	,	10/1	0/92			
			FEIFT MADE OF DI	⊷~ ιπ (ιπεπιΖ <i>1</i>) (<i>1</i> //)	ro, FTRR)										

FREDERICK P. SMITH, M.D. 5401 WESTERN AVENUE, N.W., WASHINGTON, DC

31. DATE FILED (Month, Day, Year)
OCT 1 3 1992



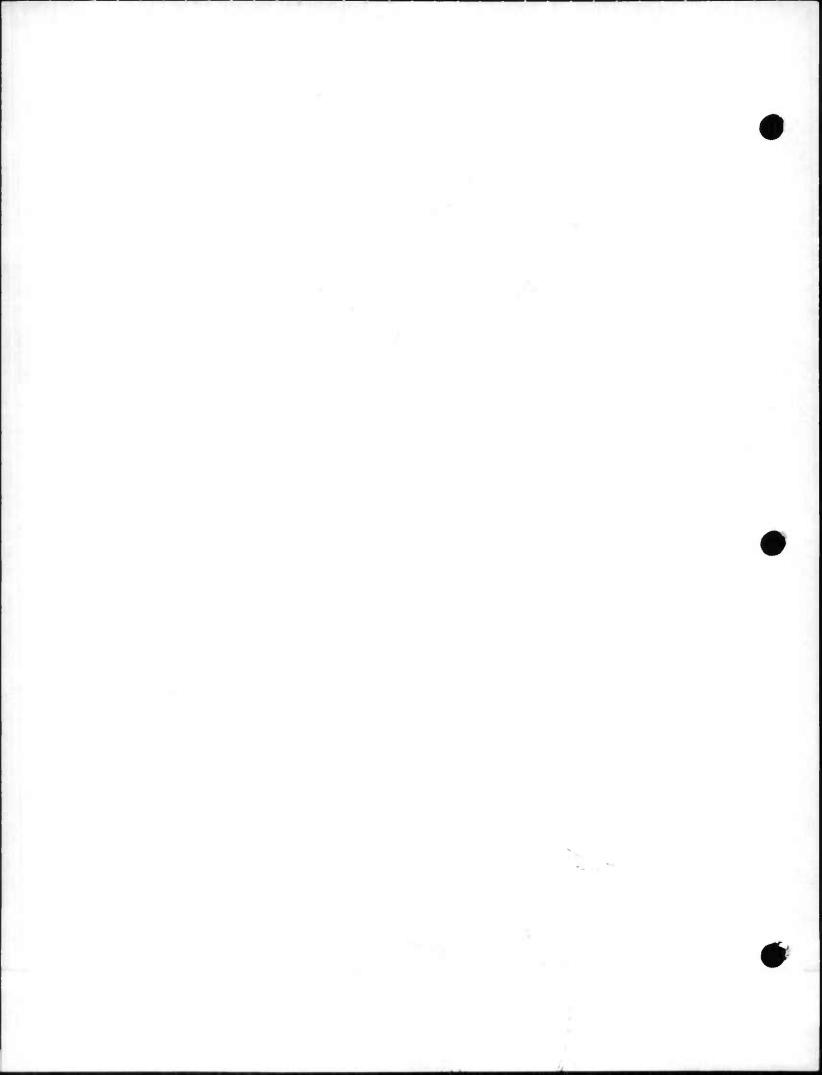
BALTIMORE, MARYLAND 21215-0020	hours the faith that is not be retained by the hospital or attending physician,	is certificate has been signed by the attending physician and completely filled in by medium of directions and between the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hydiene prior to burial, cremation, or minore	medical examinat must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DA RITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the page in which the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely file be filed within 72 hours after death with the State Debt, of Health and Mental Hogiene prior to bunfal, cremation	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinate must be notified at once.

8

10 40 / 0 31. DATE FILED (MONTH, Day, Year) OCT 13 1992

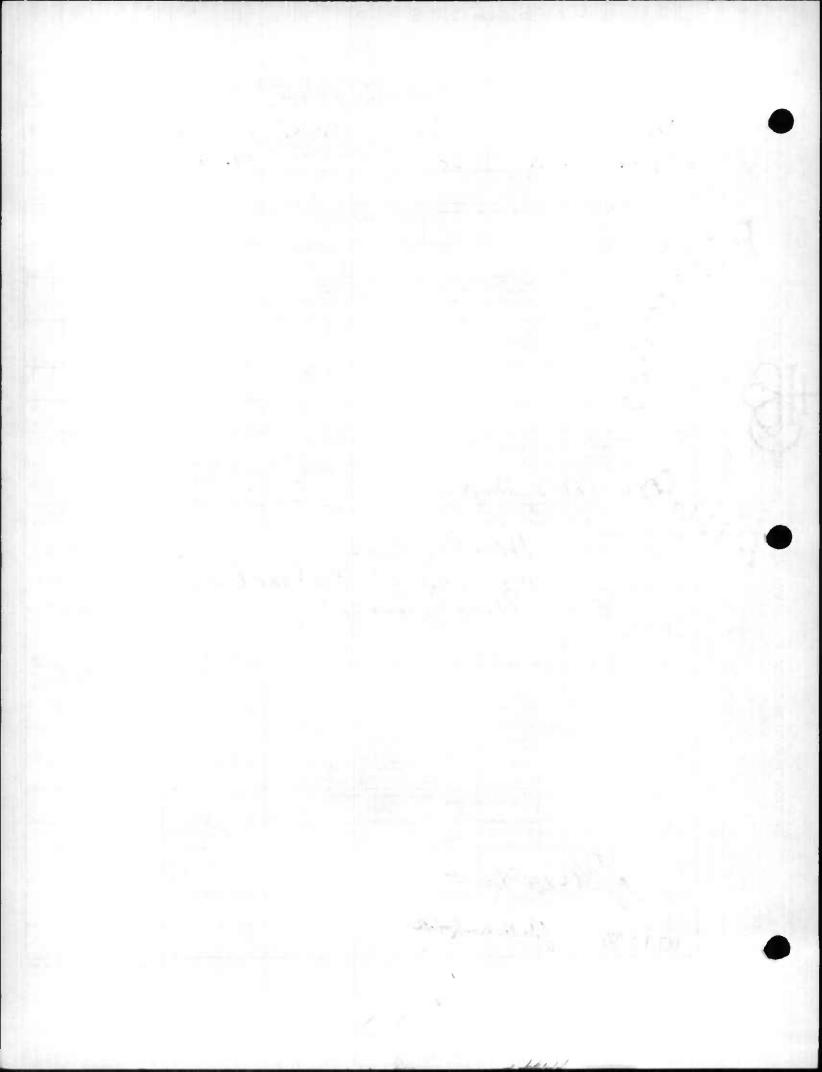
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											9:	2 1	2972	7
	FOR 1 - STATE REGISTRAR	STATE OF M		DEPAR					MENTA	L HYGIEN			100 617	-
- 1	1. DECEDENT'S NAME (First, Middle, Last)	MARTIN	Ψ.	McAD.			West C.		2. DATE	OF DEATH	kw ,	YEAR :	. TIME OF DEATH	
	Martin 4. SOCIAL SECURITY NUMBER	T WI	cada						10	110	2/9	2	0152	M
	140-28-5861	5. SEX 1 ☑ M 2 ☐ F	6. AGE (In yrs. les	st birthday) YRS.	MONTHS	DAYS	IF UNDER	24 HRS.	(Mont	OG BIRTH		Country)		nign
	9a. FACILITY NAME (If not institution, give st	44	53	1110.	9b. CIT	Y, TOWN C	R LOCATI	ON OF D		. 15,		38 NEW JERSEY		
S.	SHADY GROVE ADVE	ENTIST HOS	SPITAL			CKVII						rgomi		
1	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			I 100 CIT		OR LOCAT					HON		od. INSIDE CITY	
DIRECTOR		MONTGOMER	RY	loc. Cit		OCKV:							UMITS?	10
	10s. STREET AND NUMBER	110111 COLLET			100		ZIP COD	E			10g. CITIZE		AT COUNTRY?	
FUNERAL	2 DUNCAN BRANCH	COURT					2	2085	0		USA	A		
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED NO	13.					N? (Specify Yes Rican, etc.)	or No- 1	4. RACE - Black,	- American Indian White, etc.	١,
B	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES			1 YES				,		Specify:		
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)											_	VHITE	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)						g						
COMPLET	17. FATHER'S NAME (First, Middle, Last)	3	IN	SURAN	ICE I	BROKE				NSURAN				
	THOMAS M		McADAM					ner's na INA	LME (First,	Middle, Maiden	SULLI	VAN		
) BE	19a. INFORMANT'S NAME (Type/Print)	•		b. MAILIND	ADDRES	S (Street a			Route Num	ber, City or Tow				
2	TERESA M. McADAM		2	DUNC	CAN I	BRANC	CH CC	URT	, RO	CKVILL	E, MD	2085	0	
	20s. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	wal from State	cemetery, cre	matory or o	ther place,)		v	DAT		CATION — CH			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE CATE OF HEAVEN CEMETERY 10/14 SILVER SPRING, MD 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.													
	· Francis	Kille	ms of)	\$00	O UNI	VERS	ITY	BLVI	D., W.	, SIL.	SP.	NC. , MD 20	901
- 1	23. PART I. Enter the diseases, or o shock, or heart failure.	pilications that only one cause	caused the de e on each line	eath. Do r	not enter	r the mo	de of dy	ng, suc	h as can	diac or respi	ratory arres	st,	Approximate Interval Bet	
	iMMEDIATE CAUSE (Final disease or condition	(*)	1 . de .	2	0// 5	to	10						Onset and t	
	resulting in death)	DUE TO (C	OR AS A CONSE	DUENCE O	5 4 J	10	1						Minu	
z	Sequentially list conditions,	M	OR AS A CONSEI	rdia		isc	hen	119	ori	"Mfar	ction	1	Minux	65
E	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (C	OR AS A CONSE	DUENCE OF	F):	~Vn	0 4	di	11.00	0	-		1000 /	
은	CAUSE (Disesse or injury that initiated events	DUE TO (C	OR AS A CONSE	DUENCE OF	D:	He.	g		1 4 70-				Approx.1	year
ERTIFICATION	resulting in death) LAST												1	
ū	PART II. Other significant conditions	contributing to d	eath but not a	resulting	in the u	nderlying	CRUSA	nhena in	Part I	24e. WAS AN	Airmoney	1 24b W	PERE AUTOPSY FINE	DB100
PHYSICIAN: MEDICAL							, 00000 ,	,		PERFOR	MED?	A	MAILABLE PRIOR TO OMPLETION OF CAL)
ED									_	1 YE\$ 2	DEMO		F DEATH?	,
ä									_				_ ,23 2	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only o	16)				
IX	1 YES 2 ND 27. MANNER OF DEATN	1 Inpatient 2 II			4 🗆 Nu	rsing Home		sidence						
	1 Netural 5 Pending	26a. DATE OF IN (Month, Day,		28b. TIM INJ	URY M	28c, INJI		I NO	28d. DE	SCRIBE HOW I	NJURY OCCU	RED		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF building, et	INJURY — At ho	me, farm, i	street, fac			1	261. LOC	ATION (Street a	nd Number or	Rural Rou	ite Number,	_
HE	4 Homicide determined	bunding, et	е. (эрвену)						City	or Town, State)				
PLE	29a. CERTIFIER 1 CERTIFYING PHYSIC													
COMPLETED	one) 2 MEDICAL EXAMINER	: On the besis of exa	mination and/or	Investigatio	n, in my	opinion, de	eth occur	ed at the	time, date	and place, an	d due to the	cause(s) s	nd manner as stat	ted.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	N PM	100 11	IN	gea	4	29c. LICE	NSE NUI	MBER	20	29d. DATE S	SIGNED (A	fonth, Day, Year)	
2	- The Charles	0-000	OF DEATH (ITE	1	riffeu	ong		10	760	0	-10	2//	0/42	



BALTIMORE, WARYLAND 21215-0020	se hours after death. Plots forces be retained by the hospital or attending physician.	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely flind in by the inner all ments affected for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremition, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as noun after the other than the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery filled in by the humber filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, creminating, or removal	IMPORTANT: If Item 28 is merked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		T OF HEALTH AND E OF DEATH	MENTAL HYGIE		in the set of the U
1. DECEDENT'S NAME (First, Middle, Le Cantrel		ntgomery		2. DATE OF DEATH	DVA AT	3. TIME OF DEATH 10:20 A
4. SOCIAL RECUPITY NUMBER 224-34-3031 9s. FACILITY NAME (If not institution, gh	5. SEX 8. AGE (1)	n yrs. last birthday) IF UNDI MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF I	April 16,	a.	BIRTHPLACE (State or Foreign Country) Virginia
Washington Adv		1 T	akoma Park	Mon	ntgomery	
Maryland M 100. STREET AND NUMBER	ontgomery		yds		10g. CITIZEN	LIMITS? 1 YES 2 NO NOF WHAT COUNTRY?
21409 Clarksb	urg Road 12. WAS DECEDENT EVER IN FORCES? 1 □ YES	U.S. ARMED 13	20841 WAS DECENDENT OF HISP, If yea, specify Cuban, Mexic			ed States RACE — American Indian, Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 YES 2 NO Spec	lly:	USINESS/INDUS	Specify: White
(Specify only highest gr Elementary/Secondary (0-12) 10	rade completed) College (1-4 or 8+)		during most of working)	omery (County	
17. FATHER'S NAME (First, Middle, Last)		224011 222		AME (First, Middle, Meide		
Lesly Raym	one Montgo	mery	Ada	Virginia	a Mo	ontgomery
19a, INFORMANT'S NAME (Type/Print)		19b. MAJLING ADDRES	SS (Street and Number or Rura			
Mary Patricia M	ontgomery	21409 Cla	rksburg Road	, Boyds, M	Maryland	d 20841
20a. METHOD OF DISPOSITION 1 Buriel 2 C. Cremellon 3 R 4 Donation 8 Other (Specify)	emoval from State com	PLACE AND DATE OF DISPO etery, crematory or other place ontgomery Cr		1/13/92	ocation — city thesda,	or Town, State Maryland
21. SIGNATURE OF FUNERAL SERVICE Barbaro So	2 10 10	00831 24 Whence	Robert A. Pu Rockville, I Avenue, Rock	mphrey Fur nc. 300 W	neral Ho	ome/ ntgomery
23. PART I. Enter the diseases, shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. 14eur t	consequence of);	E	ch as cardiac or rea		Approximate interval Between Onset and Pea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	athord	CONSEQUENCE OF): SCIEDO CONSEQUENCE OF):	51'S	ction		YEAR
PART II. Other algorificent condit	lona contributing to death be	ut not resulting in the u	inderlying cause given in		N AUTOPSY DRMED? 2 (V) NO	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL						
EXAMINER? 1 YES 2 NO	HOSPITAL:	ОТНЕ				
27. MANNER OF DEATH	1 Ninpatient 2 ER/Outp	28b, TIME OF	28c, INJURY AT	6 Cher (Specify) 28d. DESCRIBE HOW		
1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK?	28d. DESCRIBE HOW	INJUNY OCCUR	let
3 Suicide 8 Could not 4 Homicide determined	building, etc. (Spec	— At home, ferm, street, fe	ctory, office	281. LOCATION (Stree City or Town, Stat	t end Number or I e)	Rural Route Number,
	IYSICIAN: To the best of my knowl					Suse(s) and manner os stated.
250. SIGNATURE AND THE OF CENTU	FIER COLL	_/	29c. LICENSE NO	JMBER	29d. DATE SI	GNED (Month, Day, Year)
1x/car	see me		D341	59	101	10192
30. NAME AND ADDRESS OF PERSON Paul J. Corso,			. #440. Так	oma Park	Marular	
		rroll Avenue	e, #440, Tak	oma Park,	Marylar	nd 20912



		4. SOCIAL SECURITY NUMBER 577 44 4316	5. SEX 6. AGE	(In yrs. lest birthde	MONTHE DA		7. DATE OF BIFT (Month, Day,)
3 should	Œ	9a. FACILITY NAME (If not institution, give HOLY CROSS H	o street and number) OSPITAL	<u> </u>		WN OR LOCATION OF D	
2,	СТОВ	RESIDENCE OF DECEDENT	OBITIAL		DIDVI	JIC DITCIN	
€	E C	10e. STATE 10b. COUN	(TY	10c. C	CITY, TOWN OR LO	OCATION	
20	DIREC		GOMERY		LVER S		
permit, Pages			GOMENT		- HVIII I		
	Z	10e. STREET AND NUMBER				10f. ZIP CODE	
9 9	車	8505 SPRINGVA	LE RD # 303	3		20910	
020 physicien. burlat-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		DECENDENT OF HISPA	
	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR DR			yes 2 NO Speci	
or attending ruse as the	TED	15. DECEDENT'S Et (Specify only highest gra	DUCATION de completed)	16a. DECEDENT	of work done during	PATION g most of working	16b. KIND (
0 5 5	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOMEN			
The bosoit detached once.	8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, I
M W W	EC	ELWOOD	D. WILE	ΞY		MZ	ARGARET
Hed bed	0	19a, INFORMANT'S NAME (Type/Print)		10h MARII	MG ADDRESS (St.	reet and Number or Rural	Doute Mumber Ch.
E/	임	MARGARET BOAR	DMAN	same			House Number, City
H 2 2 2		20a. METHOD OF DISPOSITION	20	b. PLACE AND DAT	TE DE DISPOSITION	N (Name of	0.75
		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)		metery, crematory o	r other place)		DATE 2
Page 1		21. SIGNATURE OF FUNERAL SERVICE I		ETROPOI		CREMATOR	
ALTIN death. Page funeral d i.					22. NAM	E AND ADDRESS OF FA	TAKO
BALTIM after death. Pac by the funeral of moval.		Mukul	1126	1-	254	CARROLL	ST N.V
ca ca		23. PART I. Enter the diseases, D	complications that cause	d the death. Do	not enter the	mode of dying, suc	ch as cardiac or
Do Lin		shock, or heart failure IMMEDIATE CAUSE (Final	. List only one cause on e	each line.	٨		
Par Fill Fill Fill Fill Fill Fill Fill Fil		disease or condition	S0511-11	Ju.	Un.1.		
OX 68760, e be executed within 24 sician and completely fills hind to burial, cremation, traumatic event, the		resulting in death)	DUE TO (OR AS	A CONSEDUENCE	9)	<u> </u>	
BOX 68760, cate be executed with hysician and complete a prior to burial, crem or traumatic event.	Z	Sequentially list conditions	a Chronic	055hi	the Po	my Dise	we
	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):	0	
BOX ficate be physician ne prior b	2	CAUSE (Disease or injury	c				
Certificate nding phys Hygiene p	E	that initiated events	DUE TO (DR AS	A CONSEQUENCE	OF):		
P.O. eath certific attending parter Hygiene y, or other	ER	resulting in death) LAST	d				
RECORDS, P.O. BO) requires that the death certificate be en signed by the attending obysician of Health and Mental Hygiene prior I shows any injury, or other traus		PART II. Other significant condition	one contribution to death i	hut not require	a la the under	helen on the street	0-41
RE and and and in in	MEDICAL		- Continue to death i	out not resulting	y iii tiie uildeli	lying cause given in	Part I. 24s. W
Signed Health and was an	ă						101
SEC equire of He	뿔		~				
	AN:						
A a a a E	¥.	25. WAS CASE REFERRED TO MEDICAL			20	B. PLACE OF DEATH (C)	reck only one)
	PHYSICI	1 YES 2 OM	HOSPITAL: 1 1 Inpution 2 ER/Out	patient 3 DOA	OTHER:	Home 5 - Residence	# C Other (Speed
SICIAL Certiff	主	27. MANNER OF DEATH	28a. DATE OF INJURY			INJURY AT	28d. DESCRIBE
NG PHYSI frer this ceath with marked,		1 Natural 5 Pending	(Month, Day, Year)	,	NJURY	WORK?	
ON ON ON ON ON ON ON ON ON ON ON ON ON O	BY	2 Accident Investigation 3 Suicide 6 Could not be	28a PLACE OF INJURY	Y — At home form			28f. LOCATION (
TISI TIOR: after 28 i	冒	4 Homicide B Could not be determined	building, etc. (Spe	ocify)	r, sereet, rectory, t	onica	City or Town,
OR DIRE	COMPLETE	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	viedge, death occu	rred at the time	date and place, and the	to the councies of
로 보인 보	M		NER: On the basis of examination				
THE HOSPIT THE FUNER flied within PORTANT:		29b. SIGNATURE AND TITLE OF CERTIFI	en é				
Poe Fee	BE	1 Can I Leave Chair	011	nn		29c, LICENSE NU	MBER

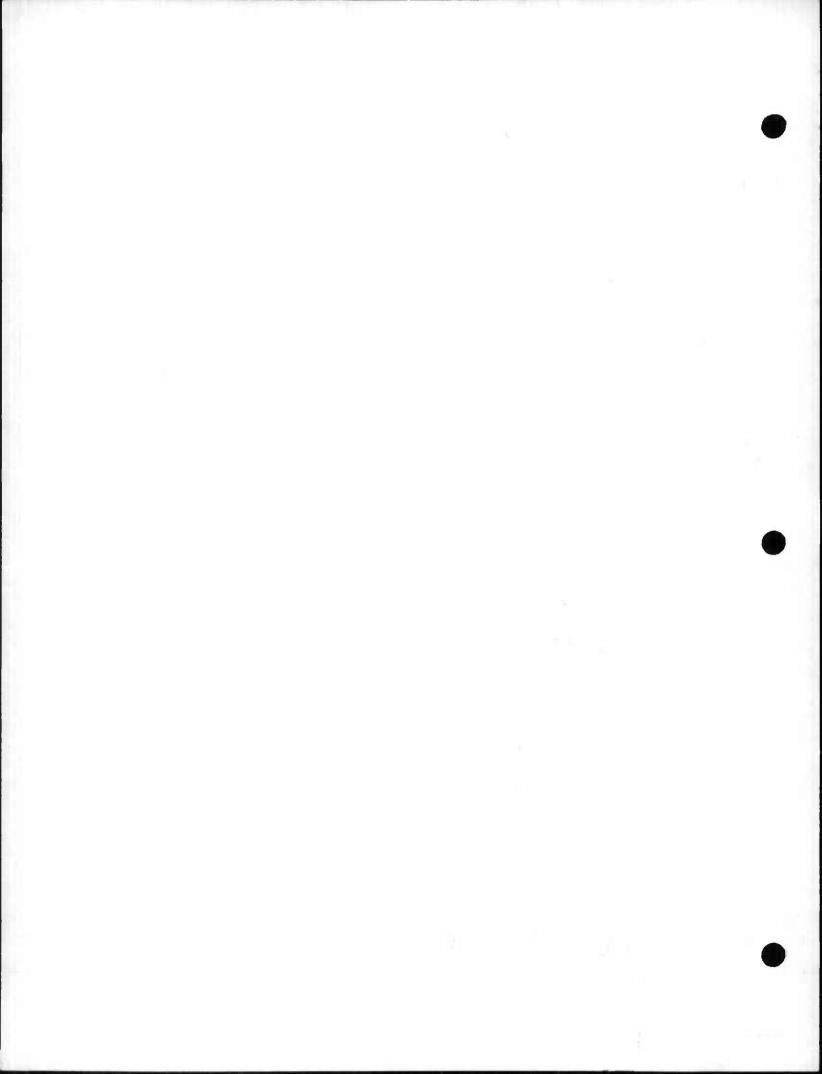
COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

W

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH A 2. DATE OF DEATH 7. DATE OF BIRTH (Month, Day, West) a. BIRTHPLACE (State or Foreign WashingtonDC MONTGOMERY 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: WHITE OF BUSINESS/INDUSTRY Maiden Sumame) CLARKE or Town, State, Zip Code) ec. LOCATION — City or Town, Stata 92 ALEXANDRIA, VA. OMA FUNERAL HOME INC W. WASHINGTON, D.C. respiratory arrest, Approximata Interval Between Onset and Death mediate 1000 Stabell 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? AS AN AUTOPSY ERFORMED? rES 2 100 1 YES 2 NO HOW INJURY OCCURED Street and Number or Rural Route Number, State) nd manner as stated. ace, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)



3. TIME OF DEATH

10d. INSIDE CITY

1 X YES 2 NO

White

DC 20016

Onset and Death

Approximate

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

OF DEATH?

29d. DATE SIGNED (Month, Day, Year)

OCTOBER 6,1992

8. BIRTHPLACE (State or Foreign

Flatop, WV

14. RACE — American Indian, Black, White, etc.

9c. COUNTY OF DEATH

MONT.

10g. CITIZEN OF WHAT COUNTRY?

20895

U.S.A.

MD

6:25 P

BALTIMORE, WARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The state of the s
	-

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JOSEPH HAGGERTY

31. DATE FILEO (Month, Day, Year)
OCT 09 '92

October 5,1992 YEAR EILEEN HELEN MOORE 4. SOCIAL SECURITY NUMBER 5 SEY 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 75 233-26-6418 1 M 2 X F May 16, 1917 filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 4412 WOODFIELD ROAD KENSINGTON RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION Montgomery Kensington FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 4412 Woodfield Road 20895 by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married BY 1 TYES 2 XNO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade compi Elementary/Secondary (0-12) College (1-4 or 5+) 12 Waitress Restaurant notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Boyo Bailey BE Grace Loshe Vines 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ဥ Yvonne Seay 4412 Woodfield Rd., Kensington, 20a. METHOD OF DISPOSITION pe 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must 1 Burial 2 Coremation 3 Removel from State
4 Donation 5 Other (Specify) hours after death. Page 6 Comfort Crematory 10/8 Alexandria, VA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel and completely fille burial, cremation, the diseese or condition elistille resulting in death) event, DUE TO (DR AS A CONSEDUENCE OF): to burial, traumatic MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE DE): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the attending physician a Mental Hygiene prior to Hygiene prior other OUE TO (DR AS A CONSEDUENCE OF): that initieted events resulting in death) LAST 6 Injury. PART II. Other algoriticent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? Health and shows any 1 TYES 2 NO has been s Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE DF DEATH (Check only one) Hem State this certificate HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 25 NO me 5X Residence 8 Other (Specify) 4 🗌 Nu the 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF marked, 28d, DESCRIBE HOW INJURY OCCURED With 1 Netural 2 Accident 1 YES 2 ND BY death FUNERAL DIRECTOR: After within 72 hours after death 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 60 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 28 4 Homicide Hem 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER BE 王王 223 9 30. NAME AND ADDRESS DF PERSON WHO CO LETED CAUSE OF OEATH (ITEM 27) (Type, Print)

14808 PHYSICIANS LANE

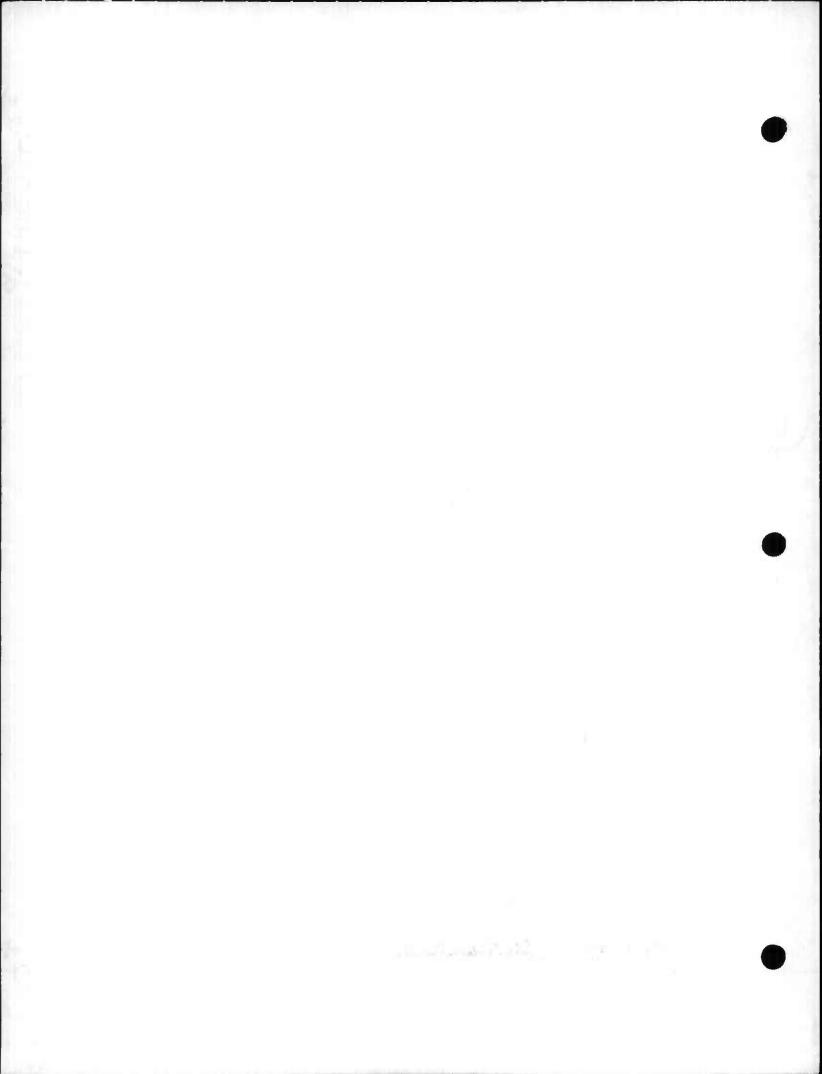
2. REGISTRAR'S SIGNATURE

ROCKVILLE, MD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH



1, DECEDENT'S NAME (First, Middle, Last)

RESIDENCE OF DECEDENT

Biga

Sa. FACILITY NAME (If not institution, give street and number

8237 Dam # 4 Road

FOR STATE REGISTRAR

9-14-8109

0109

SCTOR

2

1992

31. DATE FILED (Month, Day, Year) SEP3 U

E	Maryland Washi	ngton	Wil	liamspo	ort		LIMITS?			
	10s. STREET AND NUMBER				f. ZIP CODE		10g. CITIZ	1 YES 2 No TEN OF WHAT COUNTRY? S.A 14. RACE — American Indian, Black, White, etc. Society, White USTRY Department Code) Y., 42303 City or Town, Stata derick, Md. eral Home ck, Md. 21703 pat, Approximate interval Bety Oneat and D AMAILABLE PRIOR TO COMPLETION OF CAU OF GEATH? 1 YES 2 No		
E	8237 Dam # 4	Road		2	21795		U.S	S.A		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	If yes, sp	CENDENT OF HISPANIC OF Sectify Cuban, Mexican, Pur B 2 NO Specify:	RIGIN? (Specify Yearto Ricen, etc.)	or No-	Black, \	Black, White, etc.	
8	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)	16e. DECEDENT'S US	k done during me	ON ast of working	16b, KIND OF BU	SINESS/INDU	STRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +) 7	Social W	retired.)		Social	Work	Depa	rtment	
	17. FATHER'S NAME (First, Middle, Lest) Elbridge Biggs	3			18. MOTHER'S NAME (F		Sumeme)			
TO BE	19a. INFORMANT'S NAME (Type/Print) William L. Mallo		19b. MAILING AI 3723 B	ordeaw	and Number or Rural Route K Loop N.,	Number, City or Tow Owensbo:	n, State, Zip (Code)	2303	
	20e METHOD OF DISPOSITION X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novet from State	b. PLACE AND DATE OF petery, cremetoo or othe OLIV	DISPOSITION (NO	etery Sept.	29, 199	cation – c	leric	k, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LA		M00255	Keene	no address of facility ey and Basf	ord P.A	. Fune	eral	Home	
CERTIFICATION	23. PART 1. Enter the diseases, or abock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	BDUE TO (OR AS DDUE TO (OR AS c	A CONSEQUENCE OF):		My Chace		ratory arre	at,	Approximate Interval Betwoonset and De	
MEDICAL	PART II. Other algnificant condition	by the		morang	g cause given in Part	1. 24a, WAS AN PERFOR	RMED?	C	MAILABLE PRIOR TO COMPLETION OF CAUS OF CEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tostient 3 DOA A	THER:	LACE OF DEATH (Check or					
BY PHY	27. MANNER OF DEATH 1 ☑ Naturat 5 ☐ Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. IN.	JURY AT 28d.	DESCRIBE HOW I	NJURY OCCL	IRED		
a	3 Suicide 6 Could not be determined determined determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 5 City or Town, State)									
COMPLET		ICIAN: To the best of my know ER: On the beals of examination							and manner as state	
O BE COI	29b. SIGNATURE AND TITLE OF CERTIFIE Michael J.	Meloures	- mo		29c. LICENSE NUMBER)	29d. DATE		Aonth, Day, Year)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

Williamsport

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

Alice Irma Biggs MALLONEE

6. AGE (In yrs. last birthday)

Mallonee

1 - M 2 XF

2. DATE OF DEATH MONTH Sept. 25,

7. DATE OF BIRTH (Month, Day, Year)
Feb. 26,

1992

Sc. COUNTY OF DEATH

Washington

Approximata Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

40

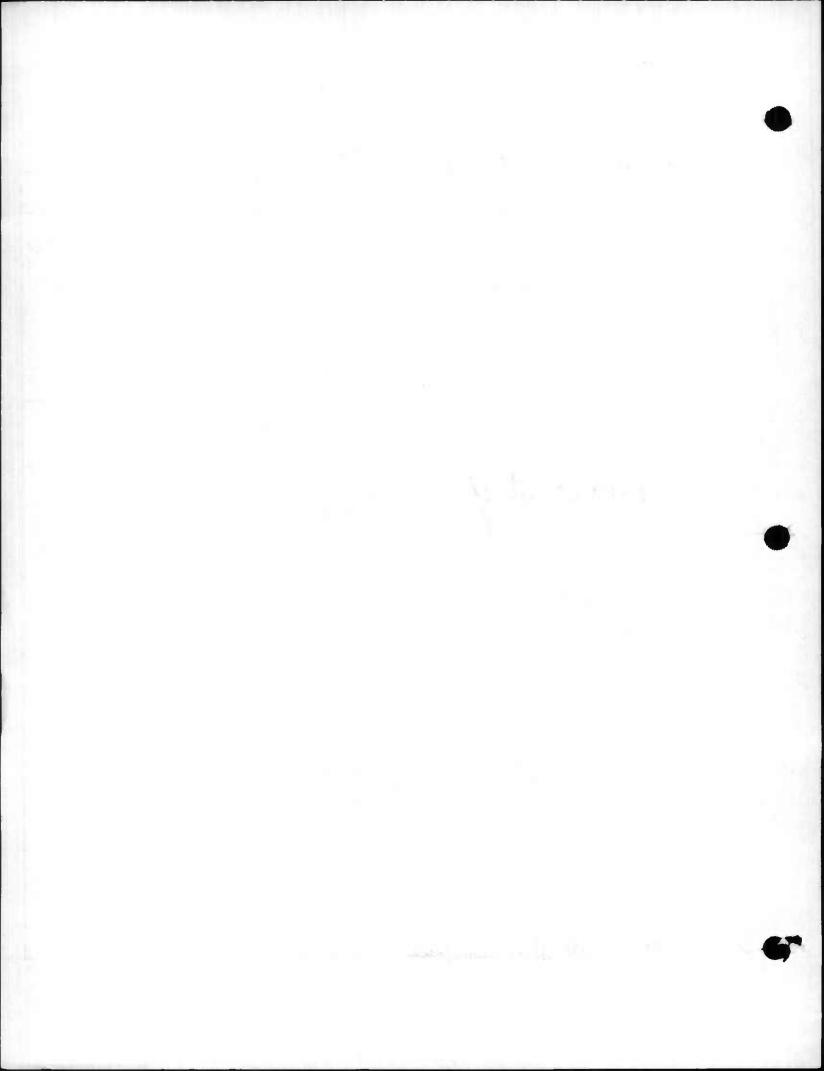
1924

a. BIRTHPLACE (State or Foreign Country)
Maryland

3. TIME OF DEATH

9:20 PM

10d. INSIDE CITY 1 TES 2 NO



Cynthia

31. DATE FILED (Month, Day, OCT 09

J.

*92

FOR	98 4/17/93 kam STATE OF MARYLAND /	DEPARTMEN	NT OF HEALTH AND	MENTAL HYGI	007	29106
1. STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	CI	ERTIFICAT :Kay	E OF DEATH	REG. I	NO.	3. TIME OF DEATH
Lyndon Rueben	Was my Mc	Kny		MONTH 1 O		YEAR 1 34/ A
4. SOCIAL SECURITY NUMBER	S. SEX O. AGE (in yrs. let	VOS MONTHE	400	7. DATE OF BIRTH (Month, Day, Year	, '	BIRTHPLACE (State or Foreign Country)
None 9a. FACILITY NAME (If not institution, give at		0	TY, TOWN OR LOCATION OF	10/2/		Maryland
			ilver Spring			ontgomery
Holy Cross Hosp RESIDENCE OF DECEDENT 10a. STATE MD 10a. STREET AND NUMBER 2.0 Manchester P1 11. MARITAL STATUS 1/V Naver Married 2.0 Married 1. Married 1. Married 2.0 Married 1. Married		10c. CITY, TOWN				10d. INSIDE CITY
MD Mon	tgomery	Silve	r Spring			LIMITS?
100. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
20 Manchester Pl			20901		US	SA_
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 TYPES 2 THE IF YES, GIVE WAR OR DATES A		3. WAS DECENDENT OF HISP. If yes, specify Cuban, Maxi- Ty YES 2 NO Spec	can, Puerto Rican, etc.)		14. RACE — American Indian, Black, White, etc. Specify:
3 Widowed 4 Divorced			41	yana		Black
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 0 17. FATHER'S NAME (First, Middle, Last)	completed) (G	ECEDENT'S USUAL. Give kind at work don b. Do NOT use retired	e during most of working	16b. KIND OF	BUSINESS/INDU	STRY
0		None		Non	e	
17. FATHER'S NAME (First, Middle, Last) Lindon G. McKay				te R. Atk	den Surname)	
19a. INFORMANT'S NAME (Type/Print) Celeste R. McKa			ester Pl., S			
20a. METHOD OF DISPOSITION						
1 Burlat 2 Commatten 3 Remarks 4 Donatten 6 Other (Specify)	oval from State cometery, cri	and date of dispersions or other place Comfort	° Crematory			ity or Town, State Iria, VA
21. SIGNATURE OF FUNERAL SERVICE LIC			2. NAME AND ADDRESS OF I Joseph Gawle			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Michael	la holen		_			ngton,DC 20016
23. PART I. Enter the diseasea, or cahock, or haert failure.	complications that caused the de List only one cause on each line	eath. Do not ent				st, Approximate
IMMEDIATE CAUSE (Finel			. 0.0			Interval Between Onset and Death
resulting in death)	DUE TO (OR AS A COMBE	OUENCE OF):	liac taiki	ne		hr 47n
cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):	nativity			
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):				
DART II Oak a stantillar on an attal						
PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	s contributing to death but not	resulting in the	underlying couse given i	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
				1 🗆 YES	2 NO	OF DEATH?
E						1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 N				
	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. OESCRIBE NO	W INJURY OCCU	JREO
2 Accident Investigation 3 Suicide a Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)			281. LOCATION (Streetly or Town, St	set and Number of ate)	or Rurel Route Number,
	CIAN: To the best of my knowledge, de					
2 MEDICAL EXAMINE	R: On the basis of examination and/or	investigation, in my	opinion, death occured at the	e time, data and place	, and due to the	cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	-		29c. LICENSE N			SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON VIN	COMPLETED CAUSE OF DEATH (ITE	M 27) (Emp (b/-**	D334	064	10	0/3/92

ETED CAUSE OF DEATN (ITEM 27) (Type, Print)

MD

5113

Bonnie

21043

Elliot City MD

Dr.

Acres

with the file of the said of the

ital or attending physician. D 21215-0020

BALTIMORE, M

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified

ANO AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RObert R.R. Roberts MD, 15 West 7th Street

32) REGISTRAN'S SIGNATURE Julia Davidson-Randale.

	1. DECEDENT'S NAME (First		IN THIOMAG	MOGED	(ID					2. DATE	OF OEATH	1 99	YEAR	3. TIME OF OE	
	4. SOCIAL SECURITY NUM		IN THOMAS	6. AGE (In yrs.		IE INO	ER t YEAR	IF UNDER	A LINE	7 DATE	or alertu		_		
	217-28-644		1 🔀 M 2 🗆 F	66	YRS.	MONTHS	T .	HOURS	MIN.	Dec.	ec. 2, 1925		8. BIRTHPLACE (State or P County) Maryland		-oraign
	9a. FACILITY NAME (# not is	nstitution, give s	treet and number)			9b. CIT		OR LOCATION				9c. COUN	TY OF D	EATH	
	Frederick		lal Hospi	tal			Free	deric	ck			F	rede	erick	
ŝ	RESIDENCE OF DE	10b. COUNT	,		10c CIT	y TOWN	OR LOCAT	TION						10.1 MIRIDE OF	~
	Maryland	Fr	ederick					leto	wn				10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
	714 East M		reet			101. ZIP CODE 21769						10g. CITIZ		VHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 3 Dividowed 4 Dividowed	ARMED	13	13. WAS DECENOENT OF NISPANIC ORIGING IT yes, specify Cuban, Maxican, Puerto 1 YES 2 NO Specify:				? (Specify Yer licen, etc.)	or No-	Black	- American Ind c, White, atc.				
I	15. OEC	OECEDENT'S	USUAL	OCCUPATIO	ON		16b.	KINO OF BU	SINESS/INDI	JSTRY					
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+)										Manaf	act	urer		
l								18. MOTH	NER'S NA	ME (First, A	fiddle, Maiden	Sumame)			
	17. FATHER'S NAME (First, Middle, Last) Wilmer Moser 18. MOTNER'S NAME (First, Middle, Melden Sur Virgie Stine 19a. INFORMANT'S NAME (Rype/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, S														
	Geraldine M.		r								or, City or Tow				
	20a METHOD OF DISPOSIT 1 Buriel 2 Crematic 4 Donation 8 Other		oval from State	20b, PLAC	E AND DATE	OF DISPO	SITION /No	me of		OATI	20c.10	CATION - C	Hy or To	wn, sun. Iarylan	2
	21. SIGNATURE OF FUNERA		C. Bast	1	00021	22	Kee:	ney a	ss of FA	gury Basfo	rd Fu	neral	. Hon	ne c, Md.	
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fellure.	ARTE	ise on each il	ne. LERO	TIC	r the mo	de of dyi	ing, suc	h sa card	lec or reapi	ratory sm	et,	Approxin Interval E Onset an	nsts Between
	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- thet initieted eventa resulting in death) LAS	dists ING Iry	0.	(OR AS A CONS											
	PART II. Other significe HypE		s contributing to				inderlying	g cause g	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY I AMARABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE
	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	ack only on)				
Ì	1 X YES 2 NO		1 inpatient 2 inpatient 2 inpatient 28a, DATE OF		3 DOA	4 🗆 Nu			eldenca	8 Other	(Specify)	KILIBY OCC	IDED		
		Pending Investigation	(Month, D.	ay, Ybar)	INJ	URY M	1 🗆 Y	PRK?] NO	204. 543	CRIBE NOW I	NJOHT OCC	JAED		
-		Could not be determined	28a. PLACE Of building,	F INJURY — At I atc. (Specify)	home, farm, (street, fac	ctory, office				TION (Street a r Town, State)	and Number o	or Rural A	oute Number,	
			CIAN: To the best of												
	29b PRONATURE AND TITLE	OF CERTIFIES	R: On the basia of an			11, 111 thy	opinion, a				and place, an				
								29c. LICENSE NUMBER 29d. DATE 29d. DATE 29d. DATE			TE SIONED (Month, Day, Year) 09/25/92				

Frederick, Maryland 21701-4579

Bert S. 1991 office the medical E garage and the lates to be a printing the tree tree to the whole To dight hands of Federal delical.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (MONU) DON

1992

	or must be notified at once	
, cremation, or removal.	event, the medical examine	
onor to bunal	traumatic (

1215-0020

BALTIMORE, MARY

	, Lest)		ENTIFIC	AIE UF	DEATH	2 DAY	REG. NO.		
	Kathryn	Maria	a N	IUSZ		Sep	tember 25,	1992	3. TIME OF DEATH 9:45
4. SOCIAL SECURITY NUMBER 218-50-2756	5. SEX 1 M 2 F	6. AGE (In yrs. le 85		UNDER I YEAR HTHS DAYS	IF UNDER 24 HRS HOURS MIN.	Z. DATE	OF BIRTH	0. BIRTN	PLACE (State or Forei
Se. FACILITY NAME (If not institution Meridian Nurs. RESIDENCE OF DECEDER	ing Home		96		or location of	DEATH	9c. C0	F	rederick
Maryland	Frederic	k	10c. CITY, TO	OWN OR LOCAT	rederick				10d. INSIDE CITY LIMITS? 1 Xyes 2 N
400 North Ave				101. ZIP CODE 21.701			10g. C	10g. CITIZEN OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	12. WAS DECEDENT EVER IN U.S. ASMED FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yerly specify Cuban, Mexican, Puerto Rican, etc.) 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yerly specify Cuban, Mexican, Puerto Rican, etc.)				N? (Specify Yes or No— Rican, etc.)	s or No— 14. RACE — American Indian, Black, White, atc. Specify: White		
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	t grade completed)	Cation completed) College (1-4 or 5 +) 160. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker Home				NDUSTRY			
17. FATHER'S NAME (First, Middle, La John Elias W	,				16. MOTNER'S	NAME (First, Bell)	Middle, Maiden Surname		
19a. INFORMANT'S NAME (Type/Print) Clara B. Mille:		19	b. MAILING ADD	DRESS (Street a	and Number or Run	al Route Num	ober, City or Town, State,	Zip Code)	3),
1. PART I. Enter the disease ahock, or heer felling disease or condition	a, or complications that	L MC	eath. Do not o	Kee	East. C	Basi	Frederican Funera St., Frederican	al Hor	ne
resulting in death)	DOE 10	Lynn	QUENCE OF	4:0					15 ye
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in deeth) LAST	c. DUE TO	OFF AS A CONSE	QUENCE OF):	ach	æ				Yol
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	OR AS A CONSE		auderlying	g ceuse given i	n Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 Jan		AMILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	dd.	OR AS A CONSE	resulting in th	26. PL	g ceuse given i		PERFORMED?		WERE AUTOPSY FINE AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions are supported by the conditions of	d. d. ditions contributing to display contributing to	death but not of	resulting in th	26. PL HER: Nuraing Home 28c. INJI	ACE OF DEATN (C	Check only or	PERFORMEO? 1 YES 2 340		AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?

Dr. Robert S. Hughes, M.D., 700 Monclaire Ave., Frederick, Md. 21701

182, REGISTRAR'S SIGNATURE

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SICIALI.	ms physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3		
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magames	Uk all	h with the State Deproyet Health as	arked, or Item 23 show-
ue in	e fass	e Dept	m 23
JAN.	is certificate has	he Stat	or Ite
PHYSIC	r this ce	h with t	arked,

	1 - FOR STATE OF MARY REGISTRAR		NT OF HEALTH AND I TE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	01.100		2. DATE OF DEATH	YEA	3. TIME OF DEATH
	1. DECEDENT'S NAME (First, Middle, Last) HELEN Frances OSTA 4. SOCIAL SECURITY NUMBER 6. SEX 6. AG		DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	100	WELLEN AGE (Contr. on Francisco
	175-20-1334 10 M2 XF	66 YRS. MONTH	B DAYS HOURS MIN.	2 /8 /2	26 0	USA
H.	BALTIMORE COUNTY GENER		TY, TOWN OR LOCATION OF DE		9c. COUNTY C	LTIM ORE
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY					10d, INSIDE CITY
EN	Maryland Baltimore		N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 N NO
	10e. STREET AND NUMBER		Wings Mills		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	5 E Green mountain Ct.		21117		U.S.	Α.
F.C.	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YE	R IN U.S. ARMED	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica	in, Puerto Rican, etc.)	or No- 14. I	RACE — American Indian, Black, White, atc.
BY	Wildowed 4 Divorced IF YES, GIVE WAR OF		1 YES 2 NO Specifi		3	Specify: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL	one during most of working	16b. KIND OF BUS		
LE	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retired	d.)			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Housew		Homer	naker	
	John George			,,	Table 1 marriage	
TO BE	19a, INFORMANT'S NAME (Type/Print)	The second secon	ESS (Street and Number or Rural	Route Number, City or Town	, State, Zip Cod	9)
۴	Christopher J. Ostrande		enmountain Ct.			
	sAT Burdel 2 Commettee 2 Demount from State	other olecel	(Name of cemetery, cremetory or emetery 10-		MOOD T	1 CENT M. 10 COTT.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA Eckhardt Fu	CIUTY 7 / C	WOOds	awii had
	+ H. Harte Ellast		Eckhardt Fu 11605 Reist			dwas Wills
	23. PART I. Enter the dieeeses, or complications that cou	sad tha deeth. Do not en				Approximate
	shock, or heert feiture. List only one cause of IMMEDIATE CAUSE (Finel					intarval Batween Onset and Death
	disease or condition	C ARREST	AND RES	PIRATORY	FAIL	URE
_		MOTHORI				
LION	Sequentially list conditions, if any, leading to immediate	IS A CONSEQUENCE OF):				
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	D VENT	T DEPENT	DENT)		}
1	that initiated events					
it i	resulting in death) LAST	S A CONSCOURNCE OF J.				
CERTIFICATION	resulting in death) LAST		underfulng cause glyen in	Part I 24 MAS AN	Alimbey	24b WEDE ALTTORY ENDINGS
	rust lutriared events		underlying cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
	resulting in death) LAST		undarlying cause given in		MED?	AMAILABLE PRIOR TO
	resulting in death) LAST		undariying cause given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significant conditions contributing to deat 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	h but not resulting in the	26. PLACE OF DEATH (C	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significant conditions contributing to deet 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	h but not resulting in the	26. PLACE OF DEATH (C) HER: Nursing Home 5	PERFOR 1 YES 2 heck only one) 8 Other (Specify)	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deat 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpettent 2 ER/C 27. MANNER OF DEATH 1 Netural 5 Pending	h but not resulting in the	26. PLACE OF DEATH (C)	PERFOR 1 YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
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COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deat 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	Dutpetient 3 DOA THE OF INJURY At home, farm, street, Specify) DUTY — At home, farm, street, street, specify) DURY — At home, farm, street, specify) DURY — At home, farm, street, specify)	26. PLACE OF DEATH (C/ HER: Nursing Home 5	PERFOR 1 YES 2 Neck only one) 8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) e to the cause(a) and man a time, date and place, an	MED? NO NJURY OCCURI Ind Number or F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deat 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	Dutpetient 3 DOA 4 DRY 29b. TIME OF INJURY at home, farm, street, specify) PHYS / C / At part of the property	26. PLACE OF DEATH (C/ HER: Nursing Home 5	PERFOR 1 YES 2 Neck only one) 8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) e to the cause(a) and man a time, date and place, an	MED? NO NJURY OCCURI Ind Number or F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO

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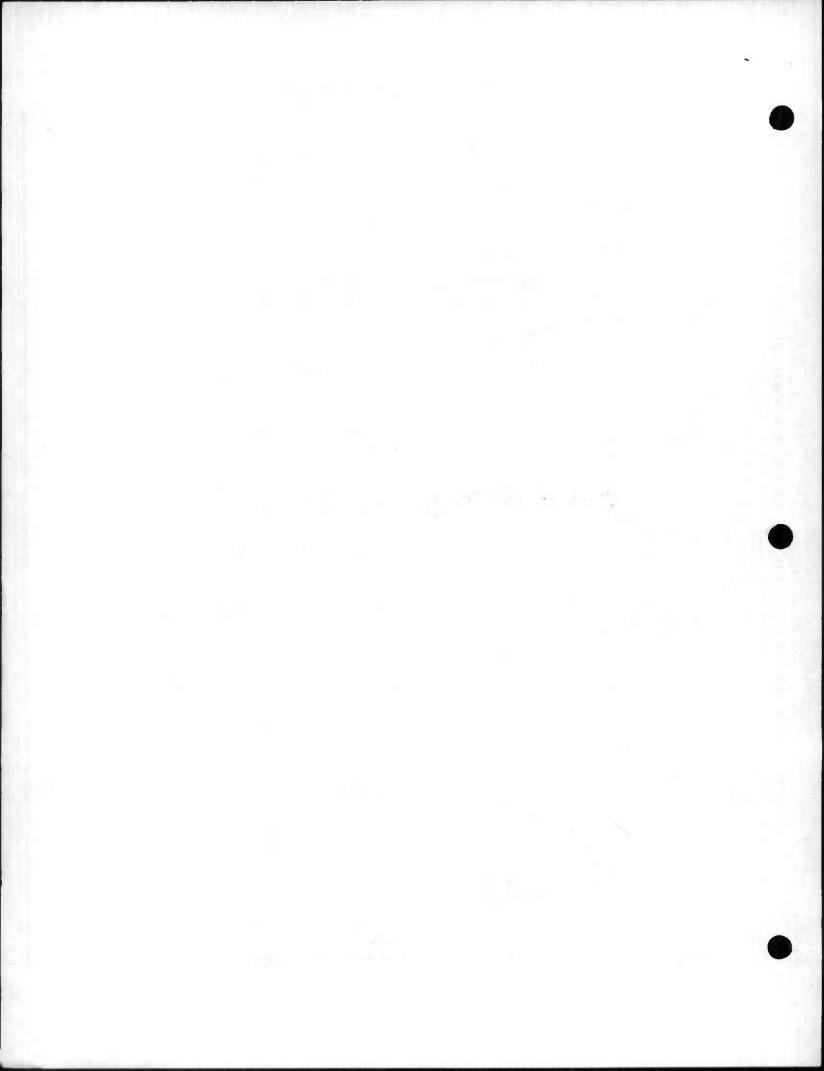
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR. After this Cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be di-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) Emily Friel Owens 2. DATE OF DEATH 10/7/92 MONTH 07 92 3. TIME OF DEATH : 30 4:30 A M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Dey, Year)
August 13,1905 Maryland S. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 222 - 44 - 5048 DAYS 87 1 M 2 XF 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNION NEMORIAL HOSPITAL DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS?
1 YES 2 NO Maryland Baltimore FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 21211 10g. CITIZEN OF WHAT COUNTRY? Keswick, Carey House, 710 W. 40th St., Rm 104 United States 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puarto Rican, etc.)
1 □ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 3 🕅 Widowed 4 🔲 Divorced White LETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Wife Home COMPL 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Samuel Edward Whiting Friel Martha Washington Denwood Reynolds 190. INFORMANT'S NAME (Type/Print) Brother 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) P.O. Box 10, Queenstown, Maryland 21658 Mr. S.E.W. Friel, Jr. 20e. METHOD OF DISPOSITION
1X Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 10/10 Queenstown, MD Stretery Peter of the Picemetery 21658 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Barton Funeral Home James H. Barton, Jr. me) 14. Souton P.O. Box 222, Centreville, MD 21617 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximeta Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) EVISICIATION CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING S/P Sigmoid Colectomy CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, term, atreet, tectory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street end Number or Rural Route Number, City or Town State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) end manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Delavage mo AT2438946 019 10/7/92 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D. H. Savage, M. D., Baltimore, MD D. H. SavAga UNION MEMORIN HOSP Hale 31. DATE FILED (Month, Day, 16er) 32. REGISTAAR'S SIGNATURE Julia Lawrason-Randelle '92



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Item 2, per Informant, G-694, 12/8/92 gn

29737

	1 - STATE STATE OF REGISTRAR	F MAKYLAND / CE		ICATE				MENTA	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					DEA		2. DAT	E OF DEATH	1992	3.	TIME OF OEATN
	Levantia M. Bucking	ham Plur	iker	t				100	8 M	19		6:05 p M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER			E OF BIRTH	10		ACE (State or Foreign
	218-10-0538A 10 m 2 M	F 88	YRS.	MONTHS	DAYS	HOURA	MIN.	3/2	25/190)4	Country)	
	9s. FACILITY NAME (If not institution, give street and number	9s. FACILITY NAME (If not institution, give street and number)			TOWN OF	R LOCATIO	ON OF DE				Y OF DEAT	N
DIRECTOR	Westminster Nursing	& Conv.	Ce	nter	1	Wes	tmi	nste	er	Car	roll	
2	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		100 017	Y, TOWN O	- 1 0 0 1 7							
E I	MD Carroll										100	d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER			West	_	S LE.						YES 2 NO
18	1234 Washington Rd.					211				U.S		COUNTRY?
FUNERAL	11. MARITAL STATUS	DENT EVER IN U.S. AR	MED	13 1				IIC OBIG	IN? (Specify Yes			
BY	1 Never Married 2 Married FORCES?	1 YES 2XX N	10	l II	f yes, spec	cify Cubsi	n, Maxica	n, Puerto	Rican, atc.)	OF NO.	Black, W Speelly: WIII	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DE-	CEDENT'S	USUAL OC	CUPATION	Y		16	b. KIND OF BUS	INESS/INDUS	TRY	
	Elementary/Secondary (0-12) College (1-4 c	or 5+)	Do NOT us	i Saiter	vil	ian						
MP	2	fi	nan	cial	of	fic	er		engine	erin	g/Am	my
	17. FATNER'S NAME (First, Middle, Last)								Middle, Meiden			
BE	Ottis Buckingham 190. INFORMANT'S NAME (Type/Print)								Harri			
2	Mrs. Buna Cannon								nber, City or Town			3470
	20s. METNOD OF DISPOSITION						nt.T.		West			
1	1 Burlel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	20b. PLACE A	THO DATE	ther place)	mo+	00/	10	0/12		Air		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Into. C	ATT A							ALT.	у , 14	D
	P P P P P P P P P P			P	rit	ts	Fune	eral	l Home	& C	hape	1
	Robert K. Pritt			4	12	Was	ning	gtor	a Rd.,	Wes	tmin	ster, MD
	23. PART I. Entar tha diseases, or complicationa ahock, or haart failure. List only one IMMEDIATE CAUSE (Final disease or condition	Cause on each line.			tha mod	e of dyli	ng, aucl	h aa car	diac or reapir	ratory arrea	t,	Approximate Interval Between Onset and Death
	remutify in death)											20445
_		TO (OR AS A CONSEC	UENCE OI	F):								,
CERTIFICATION	Sequentially list conditions, if any, leading to immediata	TO (OR AS A CONSEO	UENCE OF	ົງ:								
SA	cause. Enter UNDERLYING CAUSE (Disease or Injury										į	
E	that initiated eventa DUE	TO (OR AS A CONSEO	UENCE OF	7:								
ER	resulting in death) LAST											
11	PART II. Other algnificant conditions contributing	to death but not ra	aulting i	n the unc	deriving	ceuse a	lven in l	Part I	24s. WAS AN A	MITTOREY	24h WE	RE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL			- 57		, ,				PERFORI	WED?	AVA	ILABLE PRIOR TO
								_	1 TYES 2	NO	OF	DEATH?
=								-			1 [YES 2 AND
Ĭ,	25. WAS CASE REFERRED TO MEDICAL				26. PLA	CE OF DE	ATH (Che	ck only o	ne)			
)S	EXAMINER? 1 YES 2 NO 1 Inpetient	2 ER/Outpetient 3	□ DOA	OTHER	:							
ž I	(Month	OF INJURY	26b. TIM	E OF	28c. INJUI	TA YF			SCRIBE NOW IN	JURY OCCUP	ED	
8	1 Natural 5 Pending 2 Accident Investigation	i, Day, rear)	INJ	M	1 YE		NO					
- 16	3 Suicide 6 Could not be 26s. PLAC build	E OF INJURY — At hon	ne, tarm, s	treet, facto	ry, office			26t. LOC	CATION (Street ar	nd Number or	Rural Route	Number,
	4 Homicide determined							Ony	or Town, State)			
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the bes	of my knowledge, dea	th occurre	d at the tin	ne, date si	nd place,	end due t	to the car	use(s) and mann	er as atated.		
Š	one) 2 MEDICAL EXAMINER: On the bests of	of examination and/or in	rvestigation	n, In my op	inion, dea	th occure	d at the t	lime, date	and place, and	dus to the c	ause(s) and	menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1111			3	29c. LICE	NSE NUM	BER		29d. DATE S	GNED (Mor	oth, Day, Year)
2	I homen fe	acia				DZ	63	87		1	19/	52
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED O	218 Lets	il ca	Print)	. Hg/	& M	el	etr	- Cer	sturi	notes	1th, Day, Year) F2 MeQ2/Lig
	0.00	RAR'S SIGNATURE								_		
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F VINAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	months are been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer narmis in page 1.2.3 should	, Of Temoral,	medical examiner must be notified at once.	
NOW OF VITAL RECORDS, P.O. BOX 68760,	BINIO	Į,	6	Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISIO	TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: Af	be filed within 72 hours after dea	IMPORTANT: If item 28 is marked	

AMARI.E MENDOZA. 1 31. DATE FILED (Month, Day, Year) OCT - 9 1992

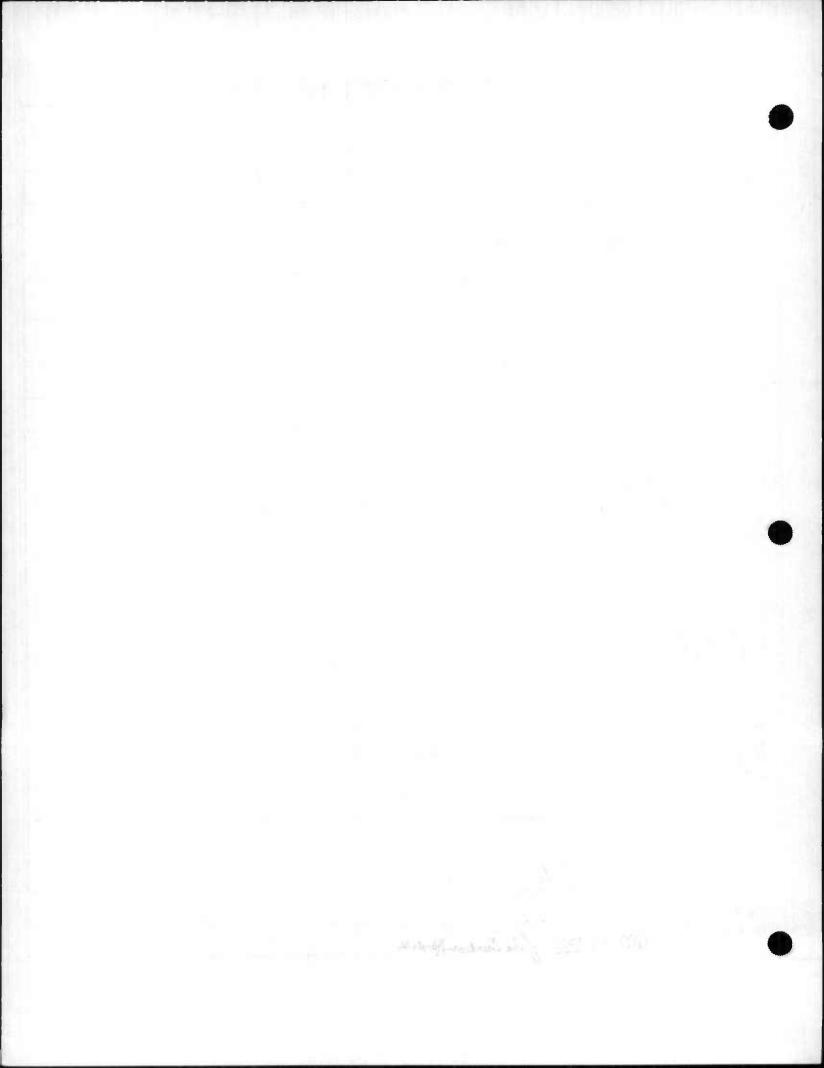
D. VA MEDICAL CEN
32. REGISTRAR'S SIGNATURE
Sulia Savidson-Randelle

CENTER,

FORT HOWARD, MARYLAND

	FOR 1 • STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	RTMENT OF I	HEALTH AND I		YGIENE EG. NO.	2 29738	
	1. OECEDENT'S NAME (First, Middle, Last) HERMAN WOODROW I					2. DATE OF O		3. TIME OF DEATH 92 6:30 P M	
	4. SOCIAL SECURITY NUMBER 217-01-7735	1 🕅 M 2 🗌 F	AGE (In yrs. lest birthday) 79 YRS.	F UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BI		BIRTHPLACE (State or Foreign MARYLAND	
TOR	96. FACILITY NAME (If not institution, give street and number) VA MEDICAL CENTER FORT HOWARD RESIDENCE OF DECEMENT					EATN		TIMORE	
DIRECTOR	MARYLAND 10b. COUNT	Y		Y, TOWN OR LOCA TIMORE	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	406 S. ANNE STRE			10	21231			TED STATES	
BY	11. MARITAL STATUS 1 Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 X IF YES, GIVE WAR O WORLD W.	YES 2 NO	If yes, at	CENDENT OF NISPAN Decity Cuban, Mexical 3 2 NO Specify	n, Puerto Rican,	etc.)	14. RACE — American Indian, Black, White, etc. Specify: WHITE	
TED	15. DECEDENT'S EDI (Specify only highest grad	e completed)	16a. DECEOENT'S (Give kind at ille. Do NOT u	USUAL OCCUPATI work done during me se retired.)	ON ost of working	16b. KIND	OF BUSINESS/IND		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) PAINTER HOME IMPROVEMENT						EMENT		
17. FATHER'S NAME (First, Middle, Last) CHARLES PARDOE LOUISE BOW							·		
0	19a. INFORMANT'S NAME (Type/Print) CLINICAL RECORDS	3			POINT ROA				
	20s. METHOD OF DISPOSITION 1 N Burisl 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from Stata	20b. PLACE AND DATE Commeters, or of Waters Men	of disposition (Nather place)	m. 10-10-	DATE	St. Leo	City or Town, State nard, Maryland	
	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE		Raus	nd ADDRESS OF FAC ch Funera , Port Re	1 Home		roomes Island	
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final	complications that cer List only one cause of	used the death. Do r on each line.	not enter the mo	da of dyling, such	n as cerdiec o	r reapiratory arm	Approximata interval Batween Onset and Death	
	disease or condition resulting in death)		IAL INFARC					MINUTES	
NOL	Sequentially list conditions, If any, leading to immediate HACVD (OLD ANTEROSEPTAL MYOCARDIAL INFARCTION) YEARS Output Due to (OR AS A CONSEQUENCE OF):						YEARS		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
	PART II. Other algnificant condition	d	th but not resulting i	n the underlyin	g ceuse given in I	Part i. 24e. 1	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	INSULIN DEPENDEN	INSULIN DEPENDENT DIABETES MELLITUS					PERFORMED? YES 2 X NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Che	ck only one)		L	
HYS	1 XYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/	RY 285, TIM	4 Nursing Hom	URY AT		HOW INJURY OCC	IIDEO	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	er) INJ	M 1 .	PRK? YES 2 NO	and organise	NOW INJUNT OCC	oneb	
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, atc. (IURY — At home, term, a Specify)	treet, factory, offic	•	281. LOCATION City or Town	(Street and Number on, State)	or Rural Route Number,	
COMPLET		ICIAN: To the beat of my k						d, cause(s) and manner as stated.	
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIE		7,000		29c, LICENSE NUM	BER		SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								

21052



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	TO THE FUNERAL DIRECTOR: After this cereficate, Lag, been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transft nerms pages.		
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N. The	ficate, ha	State D	"Hem ?
HYSICIA	his cert	with the	ked, or
NDING P	: After t	r death	is mar
OR ATTE	URECTOR	ours after	ВШ 28
TO THE HOSPITAL OR ATTENDING PHYSICIANT The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HERAL D	nin 72 hic	IMPORTANT: If Item 28 is marked, or tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOS	THE FUN	filed with	PORTAN
2	2	90	X

BY

COMPLETED

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92 29739 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH DAY O3 SUSIE WHITE PRICE 0 92 Am 4. SOCIAL SECURITY NUM S. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 38 MAY 20-1899 MD 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH Baltimore FUNERAL DIRECTOR Baltimore EDENT 10c. CITY, TOWN-QR LOCATION 10d. INSIDE CITY altimore VES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21223 2000 Baltimore U.S 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ric BY 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION ecily only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY FATHERY 18. MOTHER'S NAME /First Mickelle Main To BE 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 1353 SHIRLEYVILLE RD. AROND, MD. 21012 METHOD OF DISPOSITION
Burial 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of CARPEN PER OF PIEP) CEM. OCT. 7-92 20c. LOCATION - City or Town, State DATE A.A.CO.MD. 4 Donation 5 Other (Specify) FUNERAL SERVICE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 21401 CHARLES E. HICKS 11 HOUSE OF HICKS 1922 FOREST DR. ANNA. MD. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardlec or respiratory arrest, Approximata shock, or heart fellure. Liet only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate cause. Enter UNDERLYING RAMAS CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

					1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		_	26. PLACE OF DEATH	Check only one)	1
EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER: 4 □ Nursing Home 5 □ Residence 8 □ Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW INJURY OCCUP	RED
3 Suicide	28e. PLACE OF INJURY - AT	28e. PLACE OF INJURY — At home, farm, street, factory, office			Rural Bouts Number

building, etc. (Specify) City or Town, State) 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Yber) M

O COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) WARREN 14 502

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 09

21211

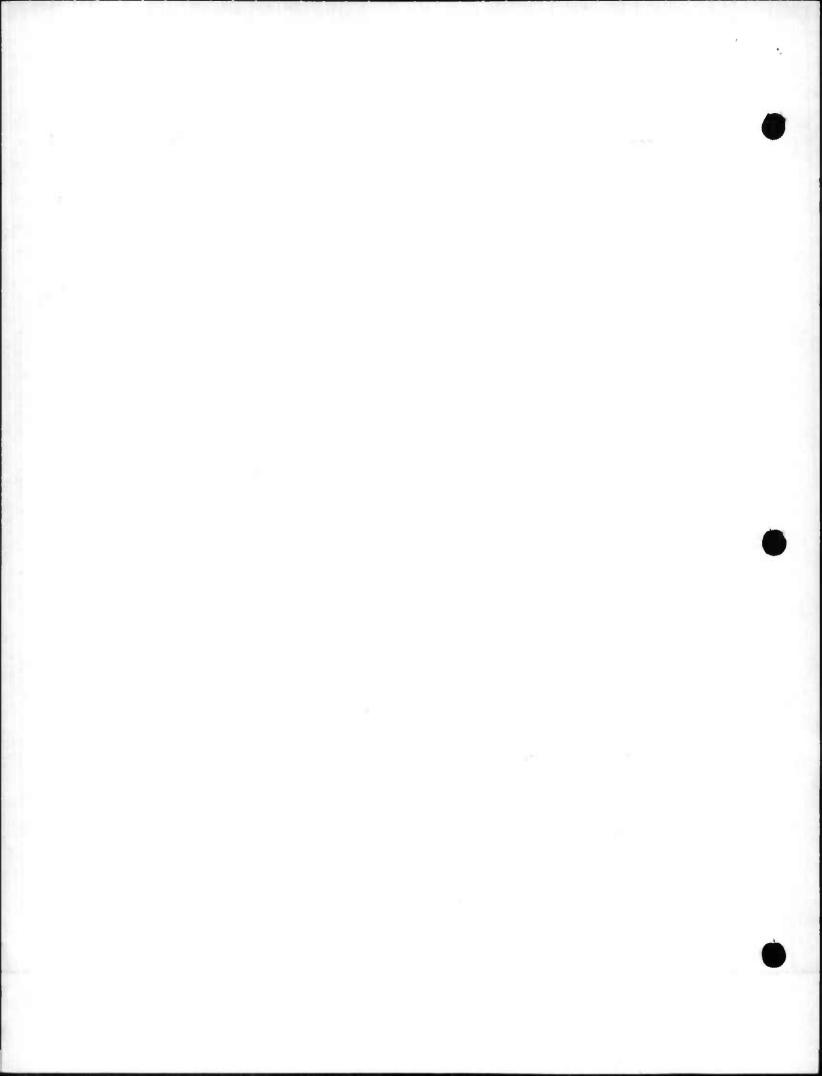
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Mary January 1981 1981

FOR STATE REGISTRAR

BOX 68760,
BOX
P.O.
RECORDS
OF VITAL
DIVISION

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	IENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
		PARKER		2. DATE OF DEATH MONTH DAY	992 11:53 R M
	010 00 8800	□ M 2 🛛 F 77 YRS. MOI	UNDER 1 YEAR # UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH Month, pay Year AUG 2.0, 1915	8. BIRTHPLACE (State or Foreign NORTH CAROLIN
TOR	Dactors Community RESIDENCE OF DECEDENT		anham		ince George s
DIRECTOR			OWN OR LOCATION CAL HEIGHTS, 1	MD	10d, INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL	505 SFFOLK AV		10f. ZIP CODE		USA
B¥	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexical 1 YES X XNO Specify	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co 7 t h		done during most of working	166. KIND OF BUSINESS/INI HOSPITA	
BE COM	17. FATHER'S NAME (First, Middle, Lest) COLUMBUS JOHNS		ELIZAB		
5	ADE ROBINSON	2001	CONCORD LANE	CAPITAL HGH	TS, MD
	20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE	HARMONY ME	ISPOSITION (Name of place) MORIAL PARK RAMPH AWTEEM 719 KENNEDY	10/8/92 LAN	
ATION	23 ART i. Enter the diseases, or compshock, or heart failure. List MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSCOUENCE OF):	muche Rul		interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):			
IN: MEDICAL	PART II. Other eignificant conditions co	entributing to death but not resulting in the	ne underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be		M 1 YES 2 NO		
COMPLETE	anal	: To the best of my knowledge, death occurred at		to the cause(s) and menner as sta	
TO BE CO	200. SUCHATURE AND RITLE OF CENTRES	MPLETED CAUSE OF DEATH (ITEM 27) (Typo, Prin	29c. LICENSE NUM DY 1 G	BER 29d. DAT	E BAGHEED (Month), Day, Year)
	31. DATE FILED (Month, DP), Year) 1992	32. REGISTRAR'S BIGNATURE JUNE SUN OSON-Randell			



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL REGORDS, P.O. BOX 68760,

4. SOCIAL SECURITY NUMBER 217-50-1410 90. FACILITY NAME (If not institution, give street and number) 13202 Penn Shop Rd. RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Frederick 100. STREET AND NUMBER 13202 Penn Shop Rd. 11. MARITAL STATUS 1 Never Merried 1 Never Merried 1 Never Merried 1 Never Merried 1 Never Merried 1 Never Merried 1 Never Merried 1 College (1-4 or 5 +) 1 Trving L. Aleshire 100. INFORMANT'S NAME (Type/Print) Elva M. Bartgis 201. METHOD OF DISPOSITION 1 Densition 6 Other (Specity) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	IN U.S. ARMED B 2 DINO DATES 160. OECEDENT: (Give kind on the Do NOT Keybo 19b. Majlin 100	9b. CITY, 9b. CITY, TY, TOWN OF 13. W If H 1 S USUAL OC work done of user retired.) ard To ADDRESS 42 Old OF DISPOSIT	TOWN OR Mt. R LOCATIO Mt. 101. 2 WAS DECEN 1904, speci Cupation uring most of the company of	Airy ZIP CODE 2177 NDENT OF HISI ITY Culban, Mex XINO Spe of working ician 18. MOTHER'S EL	7. DATE OF (Month, D. June) DEATH PANIC ORIGIN? (Sican, Puerto Ricacily: 16b. KII NAME (First, Midde VA. B. B.	10 g 1953 9c. COU 10g. CIT	Country Country Max Max INTY OF DEJ Fred e1 1 1 1 1 1 1 1 1 1 1 1 1	ryland ATH rick Od. INSIDE CITY LIMITS? VES 2 25 NO IAT COUNTRY? JSA - American Indian, While, etc. Dhic Soc.
217-50-1410 1 M 2 F 9e. FACILITY NAME (If not institution, give street and number) 13202 Penn Shop Rd. RESIDENCE OF DECEDENT 10e. STATE 10e. COUNTY Maryland Frederick 10e. STREET AND NUMBER 13202 Penn Shop Rd. 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12. College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Lest) Irving L. Aleshire 19e. INFORMANT'S NAME (Type/Print) Elva M. Bartgis 20g. METHOD OF DISPOSITION 1. Burlet 2 Cremetion 3 Removal from State 4 Donestion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	IN U.S. ARMED 10c. CI 10c. C	9b. CITY, 9b. CITY, TY, TOWN OF 13. W 1 1 S USUAL OC work done of user retired.) and To ADDRESS 42 Older	TOWN OR Mt. R LOCATIO Mt. 101. 2 WAS DECEN 1904, speci Cupation uring most of the company of	Airy Airy NAIry NAIRY NO Airy ON Airy NO Airy ON Working It Airy ON Working It Aumober on Burn ON Working ON Working It Aumober on Burn ON Working	I PANIC ORIGIN? (5 Ican, Puerto Rica City: 18b. KII National Control of the Cont	py Mear) 10,1953 9c. COU 10g. CIT ispecify Yes or No— n, etc.) NO OF BUSINESS/INI tional Ge le, Meiden Surname) urdette	Country Country Max Max INTY OF DEJ Fred e1 1 1 1 1 1 1 1 1 1 1 1 1	cyland ATH cick od. INSIDE CITY LIMITS? O YES 2 25 NO IAT COUNTRY? JSA — American Indian, white, etc. nite
90. FACILITY NAME (If not institution, give street and number) 13202 Penn Shop Rd. RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Frederick 100. STREET AND NUMBER 13202 Penn Shop Rd. 11. MARITAL STATUS 1 Never Merried Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Leat) Irving L. Aleshire 190. INFORMANT'S NAME (Type/Print) Elva M. Bartgis 200. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 4 Donestion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	IN U.S. ARMED 3 2 NO DATES 180. OECEDENT (Give kind or ine. Do NOT Keybo	9b. CITY, TY, TOWN OF 12. W If 1 S USUAL OC Work done di ard To Q ADDRESS 42 Old OF DISPOSIT	TOWN OR Mt. R LOCATIO Mt. 101. Z AS DECEMYOR, specific ves 2 CUPATION uring most of community of the co	Airy ON Airy ZIP CODE 2177 NDENT OF HISH Iffy Cuban, Mex Of working ician 18. MOTHER'S El-	PANIC ORIGIN? (S lean, Puerto Rica celly: 18b. KII NA: NAME (First, Middo Va. M. B	9c. COU	Marinty of DEJ Fred et 1 11 14. RACE - Black, Specky Wh DUSTRY BOORTAL	ryland ATH rick Od. INSIDE CITY LIMITS? VES 2 25 NO IAT COUNTRY? JSA - American Indian, While, etc. Dhic Soc.
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Maryland Frederick 10e. STREET AND NUMBER 13202 Penn Shop Rd. 11. MARITAL STATUS 1 Never Merried Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) Irving L. Aleshire 19e. INFORMANT'S NAME (Type/Print) Elva M. Bartgis 20e. METHOD OF DISPOSITION 10 Burlet 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	IN U.S. ARMED 3 2 NO DATES 180. OECEDENT: (Give kind of the Do NOT Keybo 19b. Majlin 100 2b. Place and Dati	13. W II 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mt. 101. Z WAS DECEMINA, apoctor Ves. 2 CUPATION uring most of the company of	Airy ZIP CODE 2177 NDENT OF HISI ITY Culban, Mex XINO Spe of working ician 18. MOTHER'S EL	PANIC ORIGIN? (Scan, Puerto Rica celly: 16b, KII Na NAME (First, Middo Va. M. B. al Route Number,	ipecity Yee or No— n, etc.) ND OF BUSINESS/INI tional Ge ie, Meiden Surneme) urdette	14. RACE - Black, Specky W	LIMITS? YES 2 25 NO IAT COUNTRY? JSA American Indian, White, etc. Dhic Soc.
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IF YES, GIVE WAR OR I 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) Trving L. Aleshire 19. INFORMANT'S NAME (Type/Print) Elva M. Bartgis 10. METHOD OF DISPOSITION 10. Burlet 2 Cremetton 3 Removal from State 11. SIGNATURE OF FUNERAL SERVICE LICENSEE	180. OECEDENT: (Give kind or kine. Do NOT Keybo	s usual occurrenced work done do use retired.) ard To	yea, apoctory Yes 2 CUPATION uring most to echnical to the cup of	of working ician 18. MOTHER'S El- 1 Number or Bur	Isb. KII Na NAME (First, Middo Va. M. B al Route Number,	n, etc.) ND OF BUSINESS/INI tional George Te, Meiden Surneme) urdette	Specify: Wild Dustry BOGTAT	nite
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 7. FATHER'S NAME (First, Middle, Last) Irving L. Aleshire 9e. INFORMANT'S NAME (Type/Print) Elva M. Bartgis 9e. METHOD OF DISPOSITION 10 Burlet 2 Cremetton 3 Removal from State 10 Donation 6 Other (Specify) 11. SIGNATURE OF FUNERAL SERVICE LICENSEE	(Give kind of the Do NOT Keybo	s usual oc work done di use retired.) ard To a ADDRESS	echni	of working ician 18. MOTHER'S El'	NAME (First, Midd Va M. B	tional Ge Me, Meiden Surname) urdette	Whoustry	ohic Soc.
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 7. FATHER'S NAME (First, Middle, Last) Inving L. Aleshire Be. INFORMANT'S NAME (Type/Print) Elva M. Bartgis METHOD OF DISPOSITION Burlel 2 Cremetion 3 Removal from State Denetion 6 Other (Specify) I. SIGNATURE OF FUNERAL SERVICE LICENSEE	(Give kind of the Do NOT Keybo	ard To and Address 42 Old or Disposit	echni	of working ician 18. MOTHER'S Elv	Na NAME (First, Midd Va M. B	tional Ge Me, Meiden Surname) urdette	eograg	
I2 FATHER'S NAME (First, Middle, Lest) Irving L. Aleshire P. INFORMANT'S NAME (Type/Print) Elva M. Bartgis D. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Removal from State Donation 6 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE	19b. Mailin 100 Db. Place and dati	ard To	echni	ician 18. MOTHER'S El' 1 Number or Bur	NAME (First, Midde Va. M. B al Route Number,	ne, Meiden Sumeme) urdette	p Code)	
Trving L. Aleshire Irving L. Aleshire De. INFORMANT'S NAME (Type/Print) Elva M. Bartgis De. METHOD OF DISPOSITION Description Descript	19b. MAJLIN 100	42 Old	(Street and	18. MOTHER'S El' 1 Number or Rur	NAME (First, Midde Va. M. B al Route Number,	ne, Meiden Sumeme) urdette	p Code)	
Irving L. Aleshire Jo. INFORMANT'S NAME (Type/Print) Elva M. Bartgis Jo. METHOD OF DISPOSITION Burlel 2 Cremetlon 3 Removal from State Donation 6 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE	100	42 Old	(Street and	El:	va M. B	urdette		
Be. INFORMANT'S NAME (Type/Print) Elva M. Bartgis METHOD OF DISPOSITION Burlel 2 Cremetion 3 Removal from State Donation 6 Other (Specify) I. SIGNATURE OF FUNERAL SERVICE LICENSEE	100	42 Old	d Nat	Number or Rur	al Route Number,			
Elva M. Bartgis METHOD OF DISPOSITION Burlel 2 Cremetton 3 Removal from State Donation 6 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE	100	42 Old	d Nat			City or Town, State, Zij		
METHOD OF DISPOSITION Burlel 2 Cremetion 3 Removal from State Donetion 6 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE	b. PLACE AND DATE	OF DISPOSIT		tional	Dile			
Donetion 6 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE	metery crematory or Montgo	OF DISPOSIT						21754
SIGNATURE OF FUNERAL SERVICE LICENSEE	Montgo		I ION I VAILVE	e of		20c. LOCATION —	City or Town	n, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY					Damas	scus,	Md.
	/				esworth	D A		
Olin I. Molesun	the					amascus,	Md 2	20272
23. PART I. Enter the disesses, or complications that cause	ed the death. Do	not anter t	tha mode	of dying, se	uch as cardiec	or raspiratory en	rest,	Approximete
shock, or heart fallure. List only one cause on a MMEDIATE CAUSE (Finel	each line.							Interval Betwee
		-3-	er een with	. = /-	- Pr. 4m		~	
OUE TO (OR AS	A CONSEQUENCE	OF):		70	2 =7-6	27404	,	
equentially list conditions,	17	bue	3100		me to	C-35-3		3 -70
any, reading to minimediate	A CONSEQUENCE	OF):						
ause. Enter UNDERLYING AUSE (Disesse or Injury								
nat initiated events DUE TO (OR AS	A CONSEQUENCE	P):						
d.								
PART II. Other significant conditions contributing to deeth	but not resulting	In the und	ierivina c	cause given	In Part I. 24	. WAS AN AUTOPSY	245 W	ERE AUTOPSY FINDINGS
4. 4	er 0 mg 6			acco giron		PERFORMED?	Al	WAILABLE PRIOR TO OMPLETION OF CAUSE
	4004				1	YES 2 NO		F DEATH?
							1	YES 2 NO
WAS CASE REFERRED TO MEDICAL								
EXAMINER? HOSPITAL:		OTHER:		CE OF DEATH (
1 YES 2 NO 1 Inpetient 2 ER/Out 7. MANNER OF DEATH 28s. DATE OF INJURY	28b. Til	4 Nursi	ng Home		6 C Other (Sp			
1 Hatural 5 Pending (Month, Day, Year)	IN IN	JURY	WORK		28d, OESCHI	BE HOW INJURY OC	CUREO	
2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJUR	Y — At home, ferm.	street fector		3 2 10	201 LOCATIO	M (Street and Mumba	as Breat Bre	
4 Homicide 6 Could not be determined building, etc. (Spe	ecity)		y, wiston		City or To	N (Street end Number wn, Stete)	or murai mou	ne Number,
Da. CERTIFIER (Check only)								

2

29d. DATE SIGNED (Month, Day, Year) ▶ Sept.21, 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

P.G.Rausch, M.D. 501 W 7th St., Frederick, Md. 21701

SEP 2 Day. 1992

2

32. REGISTRAR'S SIGNATURE

. . s. d., c. . yd a shipt., abstack, . . . 150.1

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I			IENE . NO.	6.0	69/48
	DECEDENT'S NAME (First, Middle, Last) Les	aurence Gord				2. DATE OF DEA	TH	YEAR 3.	5:15 A.
	4. SOCIAL SECURITY NUMBER 010-03-5560	5. SEX 6. AGE	(in yrs. last birthday) 76 vns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF SHRT (Month, Day, W. July 24	и .	Country)	ACE (State or Foreign W York
TOR	9a. FACILITY NAME (If not institution, give 28300 Honeys) RESIDENCE OF DECEDENT				TASCUS	DEATH	Bc. COUNT Mo	y of dea ntgo	
DIRECTOR	10e. STATE 10b. COUNT	ntgomery	10c. CITY	, town on Loca Dan	mascus				Od. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 28300 Honeysuc	ckle Drive		10	1. ZIP CODE 20872		10g. CITIZE	USA	AT COUNTRY?
R	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 17 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO ATES	If yes, s	CENDENT OF HISPA becity Cuban, Mexic 3 2 NO Spec	ANIC ORIGIN? (Speci an, Puerto Rican, et #y:	fy Yes or No— 1.	Black, V	American Indian, white, etc.
COMPLETED	16. DECEDENT'S EDL (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of w life. Do NOT us	ork done during me		16b. KIND O	F BUSINESS/INDU	STRY	
MILLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		Marie Land	Officer	U.S	. Govern	ment	
	17. FATHER'S NAME (First, Middle, Last) Richard I	Parr				AME (First, Middle, M			
20	19a. INFORMANT'S NAME (Type/Print)	. CLI	19b. MAILING	ADDRESS (Street		Route Number, City		ode)	
2	Sherlie H. Parr					rive, Da			20872
	20e. METHOD OF DISPOSITION 1 Buriel 2 Commatten 3 Rem 4 Donation 6 Other (Specify)	noval from State 20b	netery, crematory or of one	representation (N	erne of orium, In	C.9/21/9	c. LOCATION — CH		da, Md.
	21. SIGNATURE OF FUNERAL SERVICE LA		th	22. NAME A	ND ADDRESS OF F		P.A.	Md.	
	23. PART I. Enter the disease, or abook, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	the death. Do neach line.	ot enter the mo	ode of dyling, su	ch as cerdiac or	reapiratory arras	it,	Approximate interval Batweel Onset and Deat
	resolving in deality	W	CONSEQUENCE OF						
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	ER (SOUAM	001 Cel	1 corcin	· M0)	5m0,
THISICIAIN. MEDICAL C	PART II. Other algorificant condition	na contributing to death b	ut not resulting in	n the underlyin	g cause given in	PE	AS AN AUTOPSY REFORMED?	CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
								''	YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	ACE OF DEATH (C	heck only one)			
	1 YES 2 PNO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	atient 3 DOA	4 - Nursing Hon		6 Other (Specify			
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1	PURY AT DRK? YES 2 NO	26d. DESCRIBE H	OW INJURY OCCU	RED	
- 10	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st	ireet, factory, offic	•	28f. LOCATION (S City or Town,	treet and Number or State)	Rural Rout	Number,
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIONE) 2 MEDICAL EXAMINE	ICIAN: To the best of my know	ledge, death occurre	d at the time, date	and place, and du	e to the cause(e) and	f manner so stated.	euse(s) an	d menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIED				29c. LICENSE NU	MBER	29d. DATE S		onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print) DERICK	RD # 2	13. 60:4A	eriburg.	40 3	0877
	SEP 2 3 1992	Jula Lieutdon-Ro							

ingred by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should than and Mental hyperse prior to burial, cremation, or removal.

those any injury, or other traumatic event, the medical examiner must be notified at once.

pures that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSIS TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after death with IMPORTANT: If Item 28 is marked,

BALTIMORE, MARYLAND 21215-0020

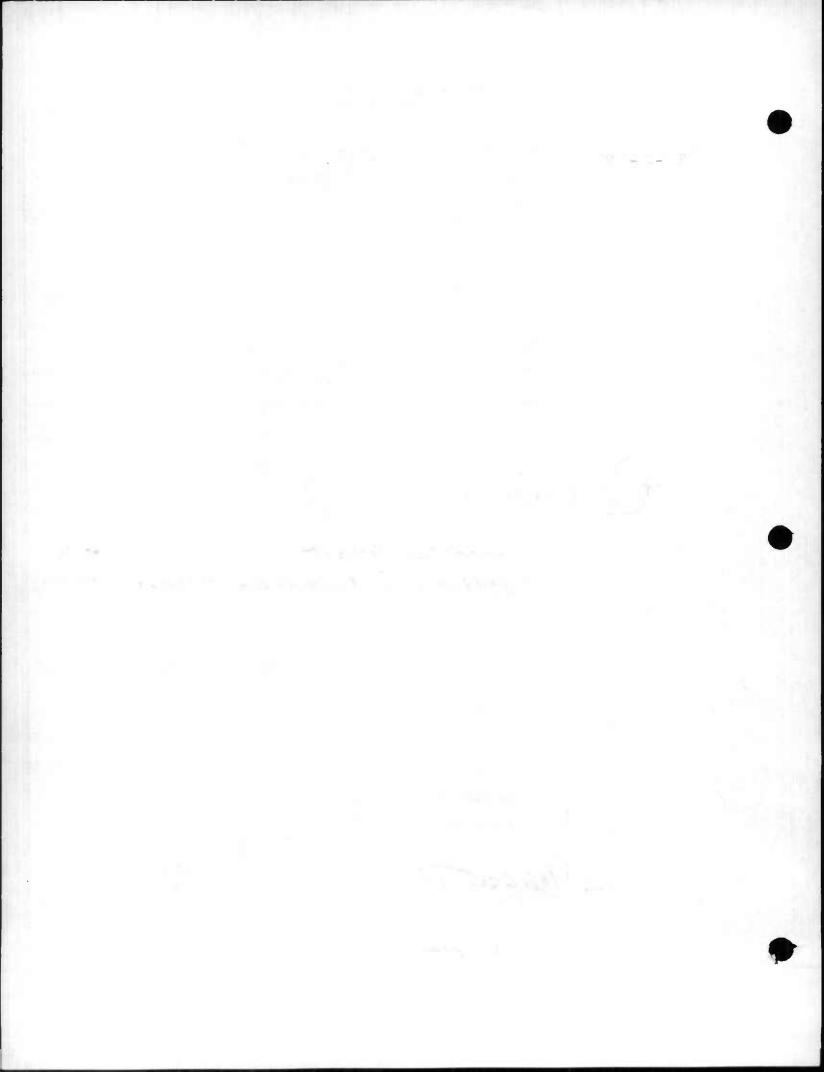
. . ter to a special district I (III Ittinggatelle leten, = stert, 1. IIII The fire connection ... NAMES AND The first the second of the se

TO THE HOSPITAL OR ATTENDANG PRINCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this cellificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death—in 1 State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

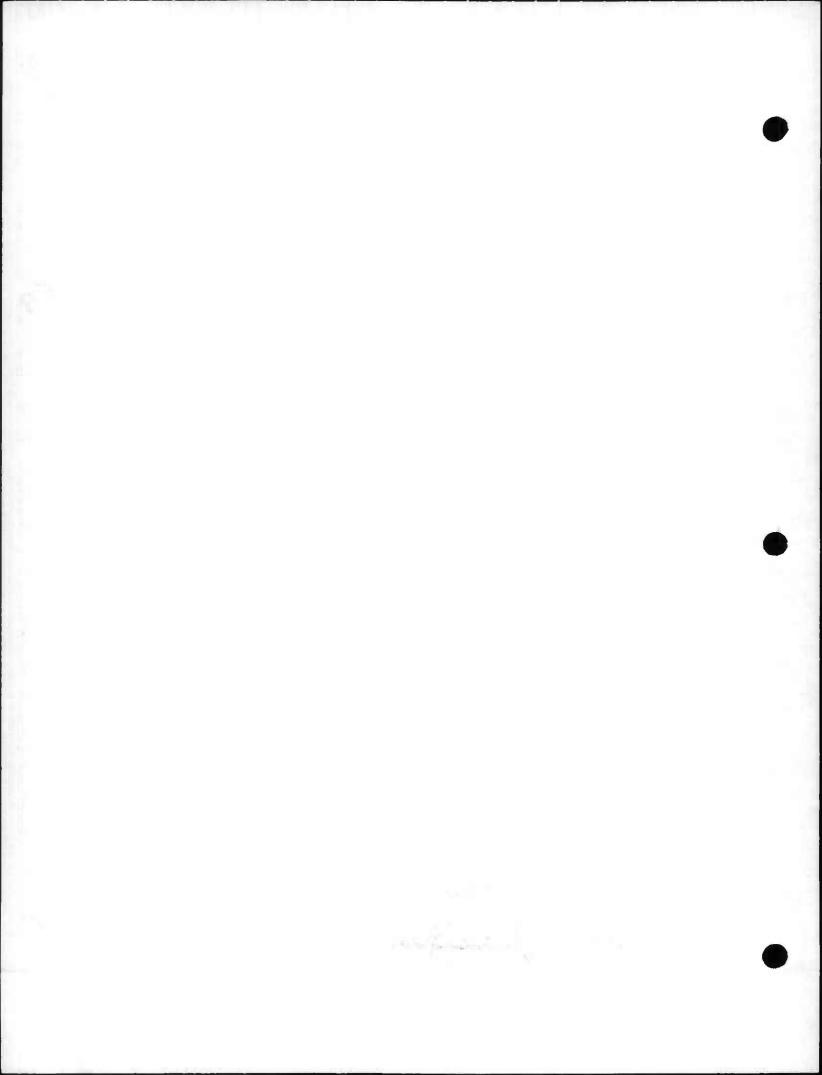
IMPORTANT: If Item 28 is marked, it item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		C	ERTIFI	CATE O	FDEAT	H	MENTAL HYGIEN REG. NO).							
1. DECEDENT'S NAME (First, Middle	i, Last)						2. DATE OF DEATN		3.	TIME OF DEATN					
WINNIFRED M. 4. SOCIAL SECURITY NUMBER							Sept. 22			6:15 P. W					
326-16-6878	5. SEX 1 ☐ M 2 🂢 F	6. AGE (in yrs. in 71		IF UNDER 1 YEAR MONTHS DAYS		MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 14		Country)	COnsin					
9a. FACILITY NAME (If not institution				9b. CITY, TOWN	OR LOCATIO	N OF DE				OF DEATN					
Shady Grove		lospital		Rockvi	lle			Mon	tgome	ery					
10a. STATE 10b. (COUNTY		10c. CITY	TOWN OR LOC	ATION				10	d. INSIDE CITY					
Maryland	Montgome	ry	Da	mascu	s					LIMITS?					
10e. STREET AND NUMBER					Of. ZIP CODE			10g. CITIZ	EN OF WHA	T COUNTRY?					
10912 Longme					2	087	2	Am	eric	an					
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	d FORCES?	NT EVER IN U.S. A 1 YES 24 WAR OR DATES	RMED ∰O	If yes,	ECENDENT OF specify Cuban, S 2 KNO	, Maxicar	C ORIGIN? (Specify Ye , Puerto Rican, etc.)	or No-	Specify:	American Indian, hita, atc.					
15. DECEOENT (Specify only highes	'S EDUCATION at grade completed)	16a, D	ECEDENT'S L	SUAL OCCUPATOR done during r	TION		16b. KIND OF BU	SINESS/INDU		11100					
Elementary/Secondary (0-12)	College (1-4 or 5		e. Do NOT use	retired.)	rosi ur working										
12 17. FATNER'S NAME (First, Middle, La	2		ноте	maker											
Edward R.	01son						IE (First, Middle, Maiden	,							
19a. INFORMANT'S NAME (Type/Prin		19	Db. MAILING	ADDRESS /Street		sie	Brusha								
Richard A.		- 1					r., Dama			20072					
20e. METHOD OF DISPOSITION		20b. PLACE	ANDDATEO	F DISPOSITION /	Vame of	w D	DATE 20c, LO	CATION - CI	Ify or Town	. 208/2 Stata					
4 Donation State Commetter, Crematory or other place) Montgomery Crematorium 9/29 Bethesda, Maryland															
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Olin L. Moles Worth, P.A., Funeral Hon															
* Hobert of	[. Will	ance		Dam	I L.	TOM	esworth, aryland	P.A	., F	uneral F -0117					
ahock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Hyperlunve Cautho vancular to immediate DUE TO (OR AS A CONSEQUENCE OF): Hyperlunve Cautho vancular to immediate DUE TO (OR AS A CONSEQUENCE OF):															
if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):															
PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOP PERFORMED? 1 — YES 2 X NO									CO OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATN? YES 2 NO					
25. WAS CASE REFERRED TO MEDIC				26. 1	PLACE OF DEA	ATN (Chec	k only one)		1						
EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient :		OTHER:			Other (Specify)								
27. MANNER OF DEATN	26s. DATE Of	F INJURY Day, Year)	28b. TIME INJU	OF 28c. IN	JURY AT ORK?		28d. DESCRIBE NOW I	NJURY OCCU	RED						
d Atabant	9			M 1 🗆	YES 2	NO									
1 Natural 5 Pending 2 Accident Investig		ome, term, ate	reet, factory, oN	ca		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
	28e. PLACE (, etc. (Specify)		29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.											
2 Accident Investig: 3 Suicide 8 Could n 4 Nomicide 8 detarmic 29a. CERTIFIER (Check only)	not be ned 28e. PLACE building	f my knowledga, de	eath occurred	at the time, dat	a and place, a death occured	and due to	o the cause(a) and mer	iner as stated	l. Cause(s) an	3 monner as stated,					
2 Accident investig: 3 Suicide 8 Could n 4 Nomicide 8 detarmic 29e. CERTIFIER (Check only)	pnysician: To the best of a	f my knowledge, de	investigation	at the time, dat in my opinion,	a and place, a death occured 29c. LICEN	d at the ti	me, data and place, an	d dua to the	cause(s) an	nth, Day, Year)					
2 Accident 3 Suicide 4 Nomicide 8 Could n determit 29a. CERTIFIER (Check only one) 2 MEDICAL EX. 29b. SIGNATURE AND TITLE OF	PNYSICIAN: To the best of AMINER: On the basis of a	f my knowledge, de examination and/or	Investigation,	In my opinion,	29c. LICEN	d at the ti	me, data and place, an	d dua to the	cause(s) an	nth, Day, Year)					
2 Accident Investigi 3 Suicide 6 Could n determing 29s. CERTIFIER (Check only one) 2 MEDICAL EX	PNYSICIAN: To the best of AMINER: On the basis of a shawn of the basis	f my knowledge, de examination and/or	Investigation, W 27) (Type, F	In my opinion,	29c. LICEN	SE NUME	me, data and piece, an	29d. DATE S	SIGNED (Mo	nth, Day, Year) L992					



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DIVISION OF VITAL RECORDS, P.O. BOX 687HG. BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING POWERS TO THE PROPERTY OF THE PRO	8 is maked, or Item 23 shows an
\n	5 5 %	=

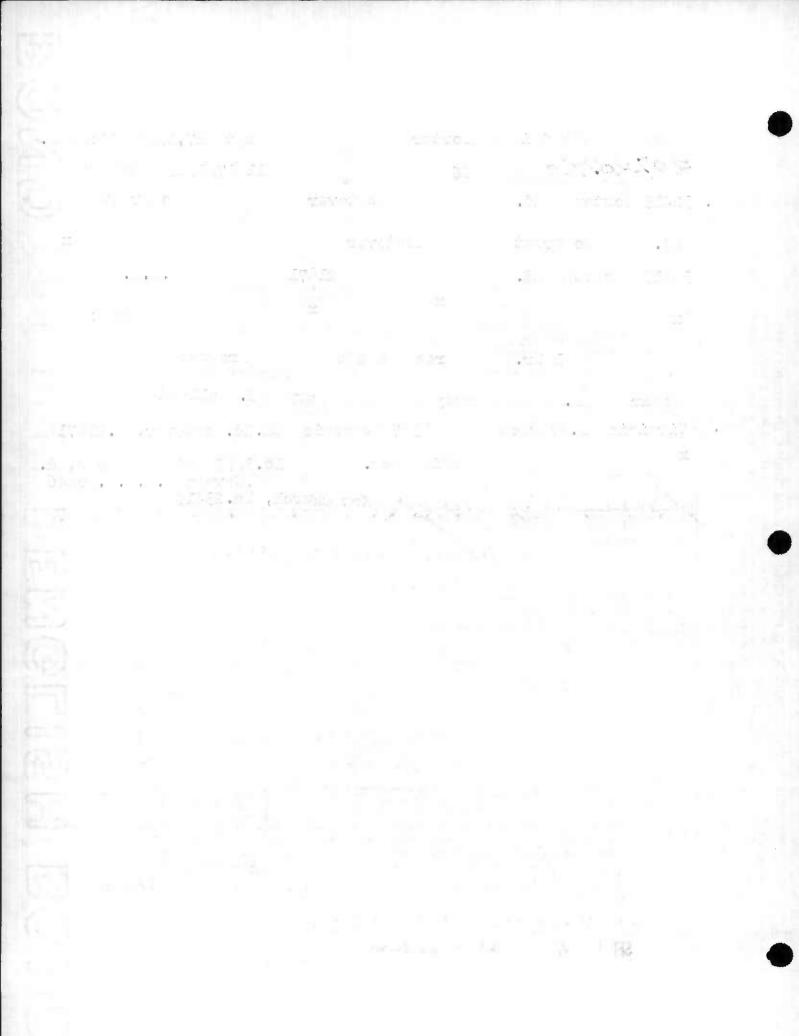
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF					MENTAL	HYGIEN REG. NO			- 0 1		
1	1. DECEDENT'S NAME (First, Middle, Last) LZOWACI. PA	Leonard Pa	ul Parke	er				2. DATE OF MONTH	F DEATH DA	92	YEAR	3. TIME OF DEA	TN A M	
1	489-22-9110	MONTHS DAYS HOURS INN. (Month, Day, Near) 1928 BHITNYL								sissipp				
CTOR	HOLY CLOSS	Hazzital)			Spri		EATH			ntgoi			
- DIRECTOR	Maryland Montgo	omery	570	r, town b								10d. INSIDE CIT LIMITS? YES 2		
FUNERAL	12627 Layhill Ro									of what country? d States				
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	11	yes, spe		, Mexica	NIC ORIGIN? in, Puerto Ric y:		or No—	Spec	E — American ind k, White, etc. #y: ack	len,	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION ompleted) College (1-4 or 5 +)	pe (1-4 or 5 +) iffe. Do NOT use retired.)							working 16b. KIND OF BUSINESS/INDUSTRY				
JMF	12 17. FATHER'S NAME (First, Middle, Last)		Audio 1	ecnn	1018		rmin	ME (First, Mic	S. Se					
	Leonard Paul Parl	ker Sr						ddie .		,	,			
BE	19a. INFORMANT'S NAME (Type/Print)	ker, br.	19b. MAILING	ADDRESS	(Street a							-	-	
임	Ethel Lee Parker		1				ve	Wheat	ton.	Marv	land	20906		
	20a, METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) George Washington Cemetery Adelphi, Maryland													
	21. SIGNATURE OF FUNERAL SERVICE LICE	E. II	Tun-	Mc	Gui	re Fu	ner	al Se				20012 on, D.C.		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											Approximination interval E Onset an	Setween	
PHYSICIAN: MEDICAL C	PERFORMED? 1 YES 2 NO OF										MAILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: Haly Cro	e House	OTHER		ACE OF OE	ATH (Ch	eck only one)						
14S	1 VES 2 NO	☐ Inpatient 2 ☐ ER/Outpa	tlent 3 DOA	4 🗆 Nursi	ing Home		idence	8 Other (
	1 XXNatural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	E OF URY		RK?	NO	28d. DEŞCI	AIBE NOW I	NJURY OC	CURED			
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special control of the contro	At home, farm, a	treet, facto	M 1 YES 2 NO et, factory, office 28f. LOCATION (Street and Number of City or Town, State)					r or Rural I	Route Number,			
COMPLETED		AN: To the best of my knowle										n) and manner as	stated.	
	796. SIGNATURE AND TUTE OF CERTIFIER	1				29c. LICEN			-			(Month, Day, Year)		
) BE	This W. Just	ram (ho	1			>2	245	-64		> /	0/6	197		
10	NAME AND ADDRESS OF PERSON WHD	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	ST	# 2	302	- 10	cusi	wito	u	1. 20	895	
	31. DATE FILED (Month, Day, Year) OCT 09 92	STREGISTERIES SIGNA	TURAL COL											



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PAYSICIAN: The law requires in the confidence be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been and in me andring physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of the state Dept. of the State Dept. of the state Dept. of the state Dept. of the state	management. It is a notice of them 22 obtains an element to medical avantation must be notified at once

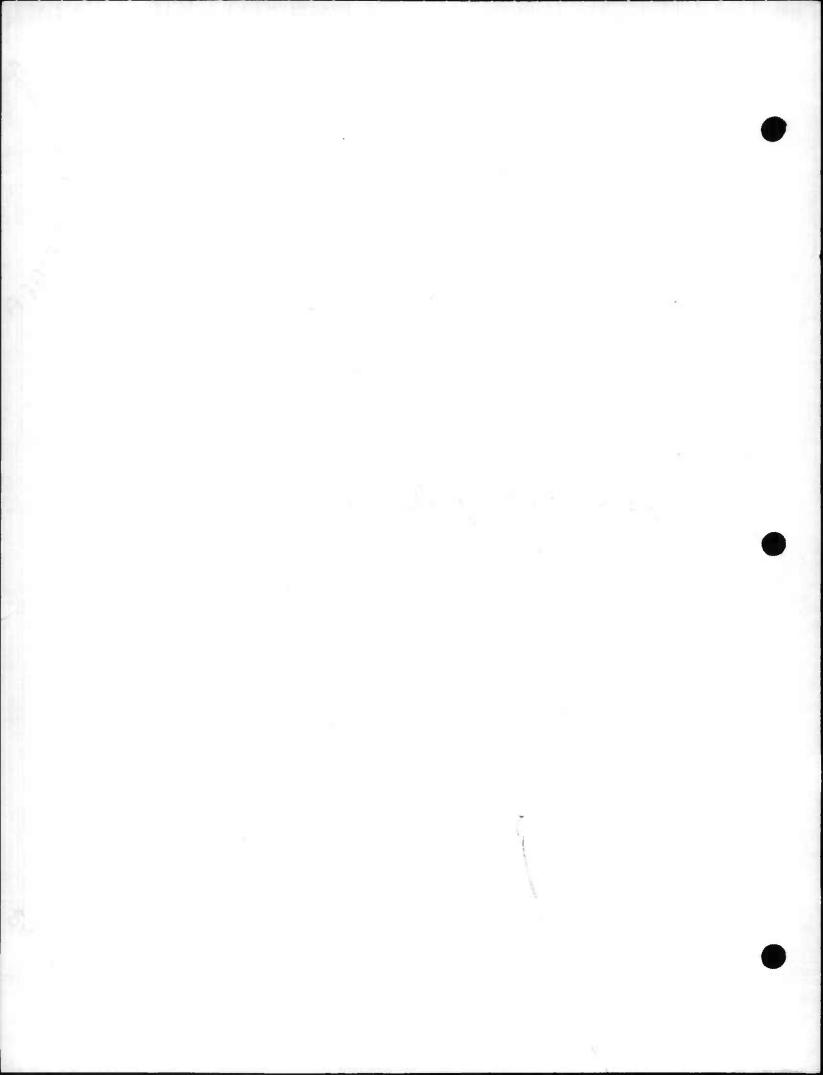
	FOR 1 - STATE REGISTRAR	STATE OF MARY		IENT OF HEALTH AN	D MENTA	L HYGIENE REG. NO.	26	23143			
1	1. DECEDENT'S NAME (First, Middle, Las Emma. Vij	and the same of th	orter		2. DATE MONTH		7E.	Y C. III			
	4. SOCIAL SECURITY NUMBER 207, 20794 96. FACILITY NAME (If not institution, give	5. SEX 8. AG	E (In yrs. lest birthday) F YRS.	UNDER 1 YEAR F UNDER 24 HR WITHS DAYS HOURS MIN	s. 7. DATE (Mont)	OF BIRTH h, Day, Year)	0. E	Country)			
TOR	32419 Costem	Rd.	V	lestover			Some:	rset			
DIRECTOR	10a. STATE 10b. COUR	erset	10c. CITY, TO	OWN OR LOCATION			10d, INSIDE CITY LIMITS? 1 YES 2 NO				
RAL	10e. STREET AND NUMBER	70.0		101. ZIP CODE			-	OF WNAT COUNTRY?			
BY FUNERAL	3.2419 Costem 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me		1? (Specify Yea or		RACE American Indian, Black, White, atc. Specify:			
COMPLETED	15. DECEDENT'S EI (Specify only highest gra	ide completed)	16a. DECEDENT'S USI (Give kind of work	JAL OCCUPATION done during most of working tired.)	16b	. KIND OF BUSINE	SS/INDUST	RY			
APLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		roods	P:	roduce:					
	17. FATHER'S NAME (First, Middle, Last)					Middle, Malden Sun					
BE	19a. INFORMANT'S NAME (Type/Print)	Ha	19b. MAILING AD	DRESS (Street and Number or R		Hollas ber, City or Town, S		io)			
2	Virginia P.	Johnson	8367	Mennomie	Ch.Rd	Westo	ver.	Md. 21871			
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re	emoval from State	20b. PLACE AND DATE OF of cemetary, crematory or o	other place)	DAT			or Town, State			
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATY TE OF FUNERAL SERVICE		Dudin Ce	22. NAME AND ADDRESS O	F FACILITY C	92 Pri	nces	P.O.Box46			
	Dani	Consa	wal	New Churc	h, Va	avage . 23415	r.n.	P.U.BOX40			
N	23. PART I. Enter the diseasea, or complications that caused the dark. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each me. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
ERI	resulting in death) LAST	_ d									
PHYSICIAN: MEDICAL	PART II. Other algoriticant condit	iona contributing to deeth	h but not resulting in t	he underlying cause give	n In Part I.	24a. WAS AN AU PERFORME 1 YES 2	D?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only o	ne)					
SIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/0		THER: Nursing Home 5 Reside	nca 6 🗆 Oth	er (Specify)					
	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJUF (Month, Day, Yes		PF 28c. INJURY AT WORK? M 1 YES 2 NO		SCRIBE HOW INJU	JRY OCCUR	ED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE OF INJU	JRY At home, farm, stre Specify)		28f. LO	CATION (Street and or Town, State)	Number or I	Rural Route Number,			
COMPLET	CONSCINUTE TO THE PARTY OF THE			at the time, data and place, and				ause(a) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CENTS	le m	7	in my opinion, death occurred a 29c. License A 2 2 5	Y Szy	/ 2	9d. DATE SI	GNED (Month, Day, Year)			
5		WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type, P	10 Bux 25	10	Consolc	5 "	uy			
	31. DATE FILED (Month, Day, Year) SEP 3 0 9	2 32. REGISTBAR'S SI	IGNATURE Davidson-Rando	002							



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ND 21215-0020	hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the unearial direct. page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		ej.
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours afterfacet. Pag. 6 nay be retained by the hospital or attending physician.	uneral direct ., page 5 should be de)	WPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	executed within 24 nours aften	n and completely filled in by the	to burial, cremation, or removal	umatic event, the medical
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	uires that the death certificate be	signed by the attending physicia	Health and Mental Hygiene prior	ows any injury, or other tra-
ION OF VITAL RE	NDING PHYSICIAN: The law req	: After this certificate has been	r death with the State Dept. of	is marked, or item 23 sho
DIVIS	TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR	be filed within 72 hours after	IMPORTANT: If Item 28

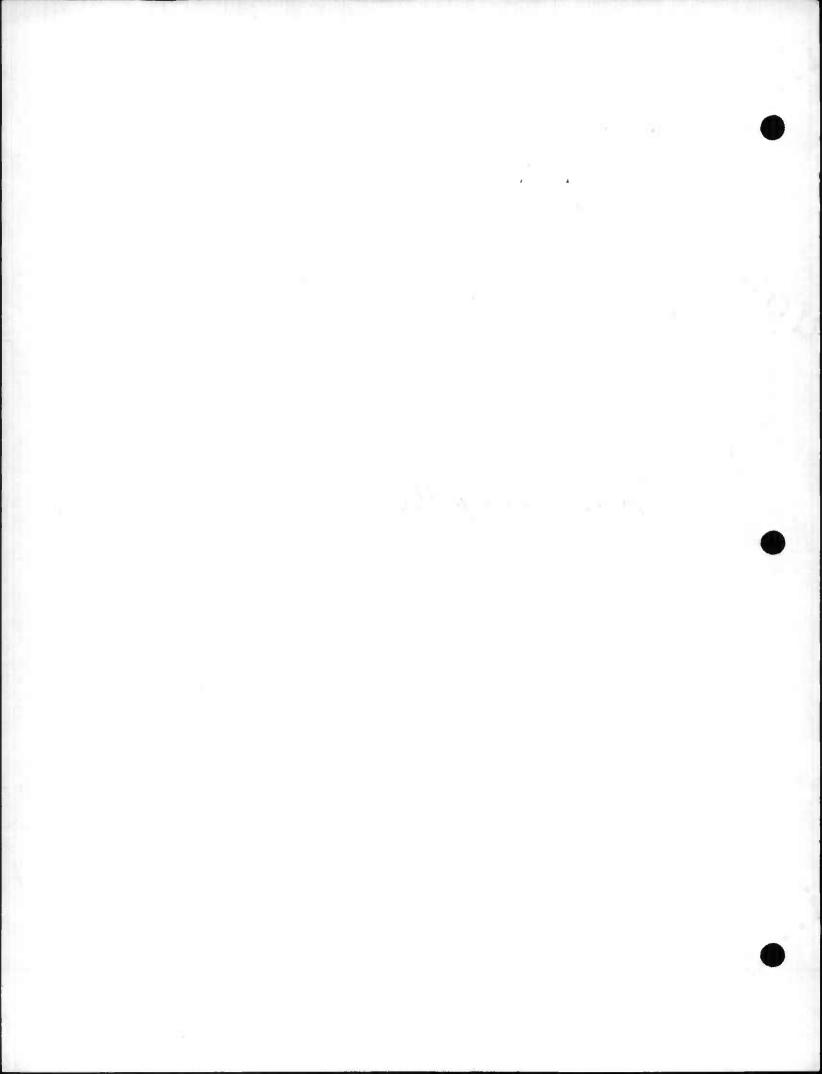
	1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF		MENTAL HYG		- 57.40
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	ГН	3. TIME OF DEATH
1 1	ROSE MARIE PRATT					10		992 5:30 P M
	4. SOCIAL SECURITY NUMBER		(in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI (Month, Day, Vo.	H a	BIRTHPLACE (State or Foreign Country)
		1 m 2 1X r	YRS.			1 - 8 - 1		ID .
00	9a. FACILITY NAME (If not institution, give str				OR LOCATION OF D	EATH		Y OF DEATH
DIRECTOR	SACRED HEART HOSE	PITAL		CUM	BERLAND		ALL	EGANY
EC	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOC	TION			10d. INSIDE CITY
	MD Alle	egany	Cı	mberlar	d			LIMITS?
3AL	10e. STREET AND NUMBER				H. ZIP CODE		111-21	N OF WHAT COUNTRY?
FUNERAL	303 Arch Street				21502		USA	
	11. MARITAL STATUS 1 Nover Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	W NO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexico	an, Puerto Rican, etc	ly Yes or No— 14	I. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	ATES	1 _ YE	S 2, NO Speci	ly:		specify: white
ETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION COMPANY	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KINO O	F BUSINESS/INDUS	BTRY
191	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIu. Do NOT us	se retired.)	ost or wonong			
COMPL	unknown		Assoc	ciate			ocery St	ore
	17. FATHER'S NAME (First, Middle, Last)				The second second	ME (First, Middle, Mi		
H	Toseph F. Pra:	<u>++</u>	405 44411 1010	ADDRESS (Dec.)		s C. Mir		
유	and the second s	1			and Number or Rural			ode)
	Joyce Marie Prat	20	D. PLACE AND DATE		eet Cumbe	7	c. LOCATION — CH	by or Town. State
	Buriel 2 Cremation 3 Remo	val from State CO	netery, crematory or o			10-10	Cumberl	
	21. SIGNATURE OF FUNERAL SERVICE LICE		,/		ND ADDRESS OF FA			
	Vamos t	8/Cara	soll .	Sca	rpelli Fu	neral Ho	ome	
	23. PART I. Enter the diseases, or co	omplications that gluss	d the death. Do i	not enter the m	perland.	th as cardiac or i	respiratory arres	it, Approximate
	shock, or heart failure. L	ist only one cause on	each line.					interval Between Onset and Death
		Respuding DUE TO (OR AS	Tenlus	_				
		DUE TO (OR AS	CONSEDUENCE O	F):				
8	Sequentially list conditions,	Chromic DUE TO (OR AS	askuto	lue L	ing De	segi		
ATI	If any, leading to immediate cause. Enter UNDERLYING	Smoke	Ph.	F):				
윤	CAUSE (Disease or injury that initiated events		A CONSEDUENCE O	F):				
CERTIFICATION	resulting in death) LAST							
	PART II. Other aignificant conditions	contribution to death	out not regulting	In the underlyis	e cours abuse to	Don't love un	0.144.44770004	
CAL		elece o		m ule underlyn	ig cause given in	PE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	Merondelas	Musi M	dinde	Marion		1 _ YI	ES 2 NO	OF DEATH?
Σ	Dellaring	level a	diana	201	1 11	-		1 TES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	Jan Jan	augu	26.1	LACE OF DEATH (C)	neck only one)		
Sic	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 🗆 DOA	OTHER:	ne 5 🗆 Residence			
主	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c, IN	JURY AT ORK?		OW INJURY OCCU	RED
BY	1 Netural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spe	(— At home, farm, o	street, factory, offi	ce	28f. LOCATION (S City or Town,	treet and Number or State)	Flural Route Number,
L								
COMPLETED		IAN: To the best of my know						
8	`	: On the basis of examination	n and/or investigatio	n, in my opinion,			e, and due to the	cause(e) and manner ee stated,
H	296. SIGNATURE AND TITLE OF CERTIFIER	Hedher			29c. LICENSE NU		The second secon	BIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Tone	Print)	01690°	1	10	.9.92
	HARITT STDHIL N	1.D. 925 BIS	HOP WALS	H ROAD	CUMBERLAN	TD, MD. 2	21502	
	31. DATE FILED (MUCT T 3 199	2 Statia David	son-Randell	٤				



FOR STATE REGISTRAR	
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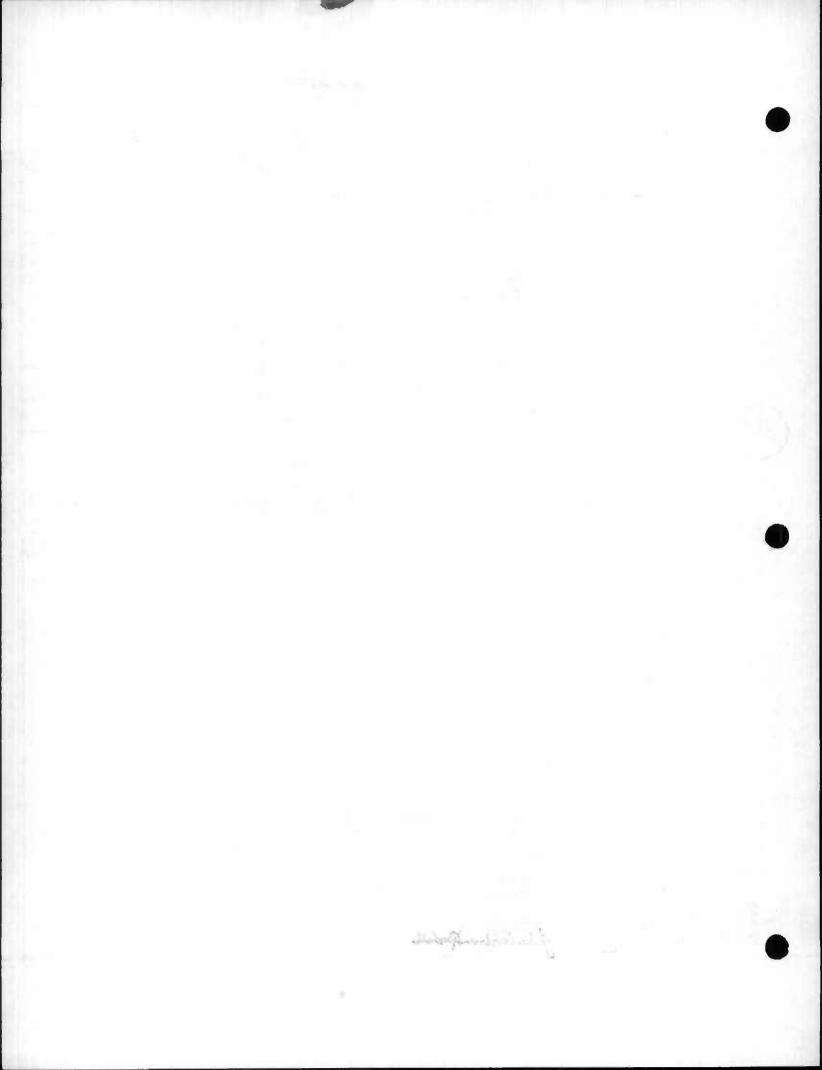
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		11200111111				-	91	2501	• •		IEG. NO.			
	- 4	1. DECEDENT'S NAME (First, Middle, Last) JAMES RAYMOND	PIPER							2. DATE OF 100ND) 9	DEATH	75	YEAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	11111	GE (In yrs. lest	A feet also 1	IF UNDER 1	MEAG	IF UNDER		7. DATE OF				:25 P. M
			N M 2 □ F		YRS.	MONTHS DAYS HOURS MIN. (Month				(Month, De	nth, Day. Year) Country)			ICE (State or Foreign
should		216-05-8799 K ¹ M ^{M 2} F 74 YRS. 03-29-1918 MD 9e. FACILITY NAME (If not institution, give street and number) 9e. COUNTY OF E										н		
6. 8.	СТОВ	Washington Coun	ty Hospital	L	Hagerstown Was					shing	ton			
	딥	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY										1. INSIDE CITY		
Pages	DIRE	MD All	egany	ĺ	111111111111111111111111111111111111111	.dtow							111	LIMITS?
permit.		10s. STREET AND NUMBER	egany		01	<u>.accw</u>		. ZIP CODE		10g. CITIZEN OF WI				41
18	FUNERAL	Route 1 Box 94			21555							USZ	A	
DZO physician. burial-transit	교	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1. D. Y IF YES, GIVE WAR O	ER IN U.S. ARI	MED O	14	yes, sp	ecity Cuber	s, Mexica	NIC ORIGIN? (S In, Puerto Rica	ipecify Yes n, etc.)	or No— 14. RACE — American Indian, Black, Whits, atc.		
9 2 2	B	3 Wildowed 4 Divorced	R DATES	ES 1 YES 2 NO Specify:							Specify:	hite		
	8	15. DECEDENT'S EDUC (Specify only highest grade		(GA	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working									
N B B	E E	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIa.	Iffe. Do NOT use retired.)									
AND the hospital detached to once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)		r	railroad electrician CSX Corp.									
4 4 E	Ш О									ha Mye		Surrame)		
S should	TO B	Oliver Piper 19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	(Street s			Route Number,		n, State, Zip (Code)	
	F	Judith Ann Pipe	r		Will	iampo	rt.	MD						
(C)		20a, METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Rem		20b. PLACE A	natory or of	ther place)	,	ame of		OATE		CATION C		Stats
		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Oldto	m Ce	emete	AME A	ND ADDRES		LQ-13	0]	Ldtown	i, MD	
death. funer tuner	Н	* On - 7	Nh	0.11	/.					neral	Home			
after des by the fu smoval.		23. PART . Enter the diseeses, or o	complications that cau	ased the dea	eth. Do n		dom r	prlar	- Dr	MD 215	in2		nt .	Approximate
nours or re		shock, or heert failure. iMMEDIATE CAUSE (Finel	List only one ceuse D	n eech line.	- 11			as or ay.	.,	T an on one	or reap	atory arro	,	interval Between Onset and Death
~ 22 440		disease or condition resulting in death)			Re	- più	eta	· 1	Suit	lun				
ecuted within nd completely burial, cremati		disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Prince Pr												
executed within and completely to burial, creman	NO O	Sequentially list conditions,	b	AS A CONSEC	HENCE OF	hen	mo	anh						
or clan	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
r certifical nding phy Hygiene p	TE	CAUSE (Disease or injury that initiated events		DUE TO (OR AS A CONSEQUENCE OF):										
ath ce	EH	resulting in death) LAST												
that the death certificate bed by the attending physical hand Mental Hygiene primary Injury, or other to		PART ii. Other aignificant condition							iven in	Part i. 24	. WAS AN			RE AUTOPSY FINDINGS
uires that signed by Health an	EDICAL	UTI DM R	U SVA A	scro	r. Colambia					YES 2		CO	MPLETION OF CAUSE DEATH?	
requires been signs of Healt	Σ												1 (YES 2 NO
e law requestable been of the Copt. of the Copt. of the Copt.	AN	25. WAS CASE REFERRED TO MEDICAL					20 04	ACE OF D	ATM MA	eck only one)				
ATENDING PHYSICIAN: The law requestrong After this certificate has been a ster death with the State Dept. of 1 n 28 is marked, or 11em 23 sho	PHYSICIAN:	EXAMINER? 1 YES 2 J.NO	HOSPITAL:	Outpatient 3	□ DOA	OTHER:				6 Other (Sc	neolful.			
PHYSICIA this certii with the	PHY	27. MANNER OF OEATH	28s. DATE DF INJU (Month, Day, Ye		28b. TIM	_	28c. INJ	JURY AT		28d. OESCRI		NJURY OCCU	IREO	
ING PHYS ifter this c eath with marked,	BY	1 Netural 5 Pending 2 Accident Investigation				М	1 🗆	YES 2	NO					
OR ATTENDING P DIRECTOR: After the bours after death v	0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (URY — At hor Specify)	ne, farm, s	street, factor	ry, offic	00		281, LOCATIO City or R	ON (Street a own, State)	and Number o	r Rural Rout	Number,
- 4 4 5 5	LET	29a. CERTIFIER						1		eres many		-		
PITAL PAL C	COMPLETE	(Check only	CIAN: To the best of my kinds of the bests of examin											d manner as stated
FUNE WITHIN		296. SIGNATURE AND TITLE OF CERTIFIER						29c, LICE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			onth, Day, Year)
TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 ho) BE		not mis						80				\$ - (0 -	
10	2	30. NAME AND ADDRESS OF PERSON WH			, . ,								_	
10	j	VASANT DATT	* MD 3	34	MIC	- 4 57	7	MAG	ERS	TOWN	r, m	0 2	743	
		31. DATE FILEO (Month, Day, Year) OCT 1 5 1992	P. REGISTRAR'S S	ma_ Rand	402									



AND 21215-0020	he hospital or attending physicial personal for use as the burial-to	once.
BALTIMORE, MARYLAND 21215-0020	r death. Paul & rev be hunded by the funeral diment, page 5, reuld be del.	examiner must be notified at o
	death certificate be executed within 24 hours afti, a attending physician and completely filled in by the ental Hygiene prior to burlal, cremation, or remov	iry, or other traumatic event, the medical
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Play 6 are this certificate has been signed by the attending physician and completely filled in by the funeral minimum, plays 5 mould be detached for use as the buriar-be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
NO	TO THE HOSPITAL OR TO THE FUNERAL DIRE be filed within 72 hours	IMPORTANT: If Item

	1. DECEDENT'S NAME (First	, Middle, Last)	2000						2. DATE OF DE	ATH Z		EAR 3	. TIME OF DEATH
	Victor		1K7CI						10	8	10 9		11,00 M
	4. SOCIAL SECURITY NUME			6. AGE (In yrs. las		IF UNDER 1 Y	_	F UNDER 24 HRS.	7. DATE OF BIR (Month, Day,	Year)	8.	BIRTHPL Country)	LACE (State or Foreign
	262-88-3142		1 M 2 F	61	YRS.	- C		win.	12-3-	31			aica
~	Sa. FACILITY NAME (If not in					9b. CITY, TO	WN OR	LOCATION OF D	EATH	9	c. COUNTY	OF DEA	тн
Ö	Manor Care		on			Whea	ton				Mo	ntgo	omery
E C	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR I	OCATIO	N				1	Od, INSIDE CITY
DIRECTOR	NA	N	IA		Was	hingt	on.	D.C.				1	LIMITS?
AL	10e. STREET AND NUMBER							IP CODE		1	log. CITIZEN		AT COUNTRY?
FUNERAL	1454 Newto	n ST.,	N.W.				2	.0012			Jamai	lca	
5	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS	DECEN	DENT OF HISPA	NIC ORIGIN? (Spe	city Yes or	No- 14.	RACE -	- American Indian, White, atc.
84	1 Never Married 2 3 Dive	According to the second	IF YES, GIVE W	AR OR DATES			YES 2	NO Speci		arc.)		Specify:	
	15. DEC	EDENT'S EDUCA	TION	NO 140 DE	CEDENTIO	USUAL OCCL	NO	0	I see white	00 00000	ESS/INDUST	lack	ζ.
	(Specify onl Elementary/Secondary (I	y highest grade or	College (1-4 or 5 +)	(G		work done duri		of working	160. KIND	OF BUSIN	ESS/INDUSI	IHY	
립	12th	,	Conege (1-4 til 5 4)		indry	Atte	ndan	t	Hot	ce1			
COMPLETED	17. FATHER'S NAME (First, M				-		_		AME (First, Middle,	Melden Sur	mame)		
BE C	Silas Pryce							Theis	a Brown				
TO 8	190. INFORMANT'S NAME (191	. MAILING	ADDRESS (S	reet and	Number or Rural	Route Number, City	y or Town, S	State, Zip Coo	de)	
-	Marcia Pry			55	21 C	olora	lo A	ve., N	.W. #212	2 Was	h., D).C.	20011
	20s. METHOD OF DISPOSIT	on 3 🗆 Remov	al from State	cometery, cre	MD DATE (per plece) emete	N (Name		DATE 1	SNOW	Hill	or Town	, Stata
	4 Donetion 5 Other 21. SIGNATURE OF FORERA		her	rami	.ly C					Jamai			
. 1	1/2 4		M	26	WIRE	Fund	ERA	C 27	eru	rice			
-	1 good c	7	400		ngia	ave	W.	ash	t, DC mois				
	ahock, or heart failure. List only ons cause on each line.												Approximats interval Between
	IMMEDIATE CAUSE (Finsi disease or condition												Onset and Death
1	resulting in desth)	→ a.	ODUE TO	OR AS A CONSE	ALLENCE OF	uou.	u	4/	Dest				Suddon
_z		<u> </u>	10	In 200	100	11 (2	Ding	2				Crathe
CERTIFICATION	Sequentially list condit if any, isading to imme		DUE TO	OF AS A CONSEC	DUENCE OF	P):		10000	0				300000
2	CAUSE (Disease or Inju		um	0	NC	1 ho	Ju	va f	yluo	w			mos
발	that initiated events resulting in death) LAS		DUE TO	DR AS A CONSEC	UENCE OF	F):	72.			1		/	AAI
B		d.	/vee	000	JU C		(V)	Jus	wa				10003
	PART II. Other significa	nt conditione	contributing to	deeth but not n	esulting I	In the unde	lying c	ause given in		MAS AN AU			ERE AUTOPSY FINDINGS
MEDICAL	Den	er/u	etast	aso)					YES 2		C	WAILABLE PRIOR TO OMPLETION OF CAUSE
WE	1	non	ura	20	425	vico	200	eone			`		F DEATH?
ä	600	Sta	te c	and	14	000	0.				- 4		
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHER:	6. PLAC	E OF DEATH (C	neck only one)				
ΙŁS	1 YES 2 NO	1	Inpatient 2			4 Nursing			6 Other (Spec				
BY P	1 Naturat 5	Pending Investigation	26s. DATE OF I (Month, Da	y, Year)	26b. TIM	URY	WORK	?	28d. OEŞCRIBE	HOW INJU	JRY OCCURI	ED	0.00
	3 Sulcide 6	Could not be determined	28e. PLACE OF building, e	INJURY — At horte. (Specify)	me, ferm, s	street, factory,	office		281. LOCATION City or Town	(Street end	Number or R	Rural Flou	te Number,
9	29a. CERTIFIER	TIEVING DUVSICI	AM: To the heat of a				-	and the			0.7000		
COMPLETED			AN: To the best of r									nuse(a) a	nd menner ee stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	10-	TI.	2	M	25	9c. LICENSE NU	MBER	29	Pd. DATE SI	GNED (M	fonth, Day, Year)
2	30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETED CAUSE	E OF DEATH (ITEM	57 (Tron	Print)	1	1)-	5253	2		1	ON
	SK GU 31. DATE FILED (Month, Day,	RTAI	no o	18010	sa	A	9	#22	20	lver	Sin	7	2002
	00 13 92	10011	32. REGISTRAN	S SINATURE	2							1	
	-		1										



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ERTIF	ICATE OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEAT	H		. TIME OF DE	ATH
ě	Theodore		P.		Pafit	is	1 ()	6 190	PEAR C P	3:20	рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	8. BIRTHPL	ACE (State or I	Foreign
	189-18-1879	1 📉 M 2 🗌 F	70	YRS.	MONTHS DAYS	HOURS MIN.	APRIL 2	8, 1922	CYPI	RUS	
	Sa. FACILITY NAME (If not institution, give	street and number)	-	4	9b. CITY, TOWN	OR LOCATION OF E	DEATH	9c. COUN	TY OF DEA	TH	
5	11700 014 001	umbia D	iko	_	C:1117	er Spr	ina	Mor	n t a o	merv	
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT					**	nrg	I MOI			
UNECTOR					, TOWN OR LOCA				10	Dd. INSIDE CIT LIMITS?	Y
		ONTGOMERY	(SII	LVER SPR				1	YES 2	NO
\$	100. STREET AND NUMBER				10	f. ZIP CODE		10g. CITIZ	EN OF WHA	AT COUNTRY?	
	10810 MARGATE	ROAD				2090	01	USA			
LONGRAL	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED			UNIC ORIGIN? (Specifican, Puerto Rican, etc	y Yes or No-	14. RACE -	- American Inc	Han,
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V				2 NO Spec					
		WWII							WHITE		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade			(Give kind of w	USUAL OCCUPATI	ON ost of working	16b. KIND OI	BUSINESS/INDU	JSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	"	life. Do NOT us	e reared.)						
	12		TA	ILOR		,		L_CLOTH	ING		
3	17. FATHER'S NAME (First, Middle, Leat)					18. MOTHER'S N	AME (First, Middle, Me	siden Surname)			
2	PANAYIOTIS	PAF	TIS			ANAST	TASIA	U	NKNOV	√N	
2	19a. INFORMANT'S NAME (Type/Print)		- 1				Route Number, City o				
- 1	ELLES D. PAFIT	IS		10810	MARGATE	ROAD, S	SILVER SP	RING, M	D 209	901	
	20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Rem	noval from State		E AND DATE C	F DISPOSITION (N	ame of	DATE 20	a. LOCATION — C	aty or Town	, State	
	4 Donation 8 Other (Specify)				EAVEN CE	METERY	10/10 s	ILVER S	PRINC	G. MD	
	21. SIGNATURE OF FUNERIAL SERVICE LI	CPHSEP				ND ADDRESS OF F	ACILITY				
	► (\$\int \(\lambda \) \(Haro			FRANCI	S J. COI	LINS FUN	ERAL HO	ME, I	INC.	
	23. PART I. Enter the diseases, pr	complications the	t caused the	death Do n	of enter the me	TARKSTII	BLVD.,	W., SIL	. SP.		
1	shock, or heart failure.	List only one ceu	se on each il	ne.	^		^		781,	Approxir Interval	Between
- 1	immediate Cause (Final disease or condition resulting in death) s. Menoxlerofic CardioJagenlar Disease Sease Onset and Death										
1	resulting in death)	· Ark	loster	2110		honeson	mar of	Isla	ge	4	
1	DUE TO (OR AS A CONSEQUÊNCE OF):										
5	Sequentially list conditions.										
	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONS	EQUENCE OF):						
2	CAUSE (Disease or injury	C	(DR AS A COMS	NSEQUENCE OF):							
	that initiated events resulting in death) LAST	502 10	(Dil As A CONS	EDUENCE OF	<i>)</i> .					i	
CENTIFICATION.		d								i	
	PART II. Other significant condition	ns contributing to	death but no	t resulting i	n the underlyin	g cause given in	Part I. 24a, WA	S AN AUTOPSY		ERE AUTOPSY	
1			1					RFORMED?	C	MILABLE PRIOR OMPLETION OF	
								3 2 [] NO		F DEATH?	NO.
										YES 2	NO
	25. WAS CASE REFERRED TO MEDICAL				26 P	LACE OF DEATH (C	heck only one)				
2	EXAMINER? 1 \(\overline{\text{T}}\) YES 2 \(\overline{\text{NO}}\)	HOSPITAL:] PD (0 4 4		OTHER:			11700	Old	Colu	mh i
	27. MANNER OF OEATH	1 Inpetient 2 26s, DATE OF		28b. TIM		ue 5 ∐ Residence	28d. OESCRIBE HOW INJURY OCCURED				
	Netural 5 Pending	(Month, D	ay, Ybar)		URY WO	PHK?	28d. DESCRIBE H	OW INJURY OCCI	URED		
	2 Accident Investigation	20- 21-02-0	F 101 11 11 11 11			YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	building,	atc. (Specify)	home, farm, s	treet, factory, offic	•	281. LOCATION (Si City or Town, S	LOCATION (Street and Number or Rural Route Number, City or Town, State)			
		1									
2000	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the beat of	my knowledge,	death occurre	d at the time, date	and place, and du	e to the cause(s) and	menner as state	d.		
	2 MEDICAL EXAMINI	ER: On the basis of e	xamination and/o	r Investigation	n, in my opinion, o	leath occured at th	e time, data and plac	e, end due to the	cause(s) s	nd manner as	atated.
	296. SIGNATURE AND TITLE OF CERTIFIE	N/	6 10			29s. LICENSE NO	MINER	29d, DATE	SIGNED /M	fonth, Day, Year	-)
1	1 serin	toolo	AND			0.C.N	f F				
2	30. NAME AND ADDRESS OF PERSON WI	ID COMPLETED CAU	SE OF DEATH (1)	FEM 27) (Type	Print)	W. W.P	I a Er	1 1	0/0/	/1992	
	TRAPAN IN	LE MI				Dalis	man	/ n 3	7	2122	
	31. DATE FILED (Month, Day, Year)	32 BEGISTO	R'S SIGNATURE	enn	street	, Balti	imore, N	daryla	nd	21201	
	CO' PO 170		Tanila .								
- 11											

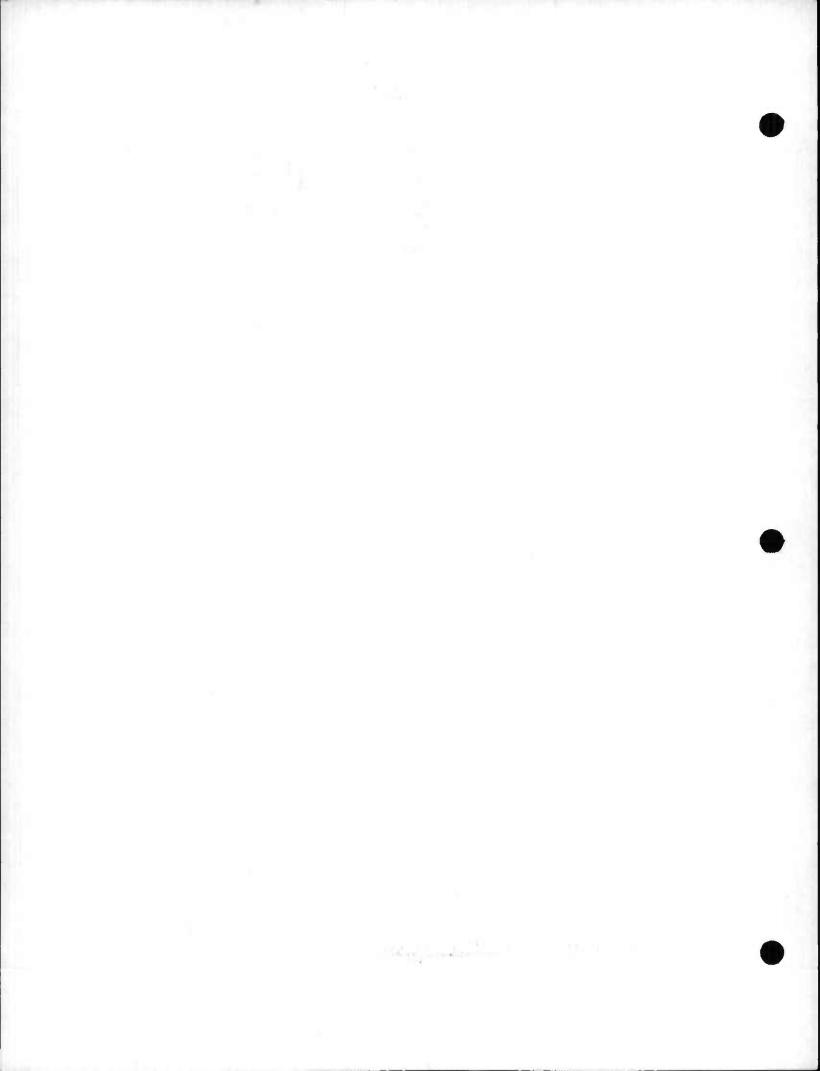
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, as be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be an examiner must be an examiner. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

and by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



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TO THE FUNERAL DIRECTOR: After this certification is a second to the amount of the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	2. 3 should
be filed within 72 hours after death with the Says Dec of Hartin and Maritan Hopere prior to burial, cremation, or removal.	7
IMPORTANT: If Item 28 is marked, or line 22 special may injury, or other traumatic event, the medical examiner must be notified at once.	and the second

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020

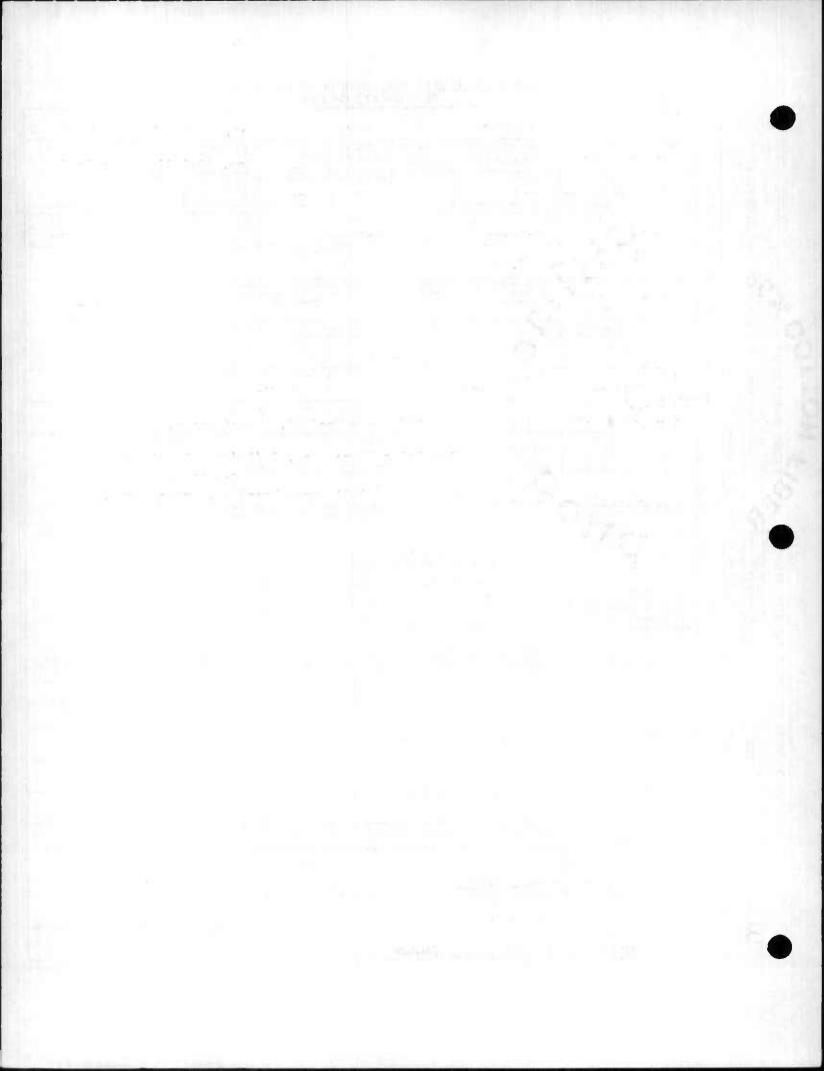
	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH		
	Hubert Glenn	Robey,	Sr.			10 1	1 92	10:57a M		
	4. SOCIAL SECURITY NUMBER 5. SI		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	ITHPLACE (State or Foreign		
	219-16-0415 X	(M 2 □ F	YRS.	MONTHS DAYS	HOURS MIN,	05-8-19	26 N	Maryland		
	9a. FACILITY NAME (If not institution, give street ar			96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF	DEATH		
DIRECTOR	Physicians Memor	ial Hos	pital	LaPla	ta		Charl	es		
입	100 STATE 100 COUNTY		10c. CIT	r, TOWN OR LOC	ITION			10d. INSIDE CITY		
뜸	MD Charles	3		jemoy				LIMITS?		
7	10e. STREET AND NUMBER				or. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?		
FUNERAL	General Delivery				20662		U.S.	Α.		
<u> </u>		WAS DECEDENT EVER ORCES? 1 YES				NIC ORIGIN? (Specify Ye	a or No- 14, RA	NCE — American Indian, ack, White, etc.		
B	1 Never Merried 2x Merried 3 Widowed 4 Divorced	YES GIVE WAR OR	DATES		S 2 NO Speci	an, Puarto Ricen, etc.) fy:		White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete)		16a. DECEDENT'S	USUAL OCCUPAT		16b. KIND OF BU	SINESS/INDUSTRY			
9	Elementary/Secondary (0-12) Coll	lege (1-4 or 5+)	Me. Do NOT us	e retired.)		TI .		/		
ጅ	1.2 2 17. FATHER'S NAME (First, Middle, Lest)		Engine	er NUS				U.S. Gov.		
	Golden Robey					AME (First, Middle, Meiden				
BE	19a. INFORMANT'S NAME (Type/Print)					Monroe	2			
2	John Robey		RE. I	Box I	215° AA	Aoute Number, City or Tow LaPlata.	m, State, Zip Code) Md 2 (16/16		
		20	Db. PLACE AND DATE (E DISPOSITION //	lama of		CATION — City or			
	20a METHOD OF DISPOSITION No. No	om State	D. Vete	rans C	emetery			enham, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE					ERAL HOM				
	Drovid C 4	The						TA.MD.20646		
CERTIFICATION	thmediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST Onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
3	d									
8	PART II. Other algnificent conditions con	tributing to death	but not resulting	n the underlyi	ng ceuse given in	Part I. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
<u></u>						1 YES :	2 -40	OF DEATH?		
Σ								1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL									
	EXAMINER? HO	SPITAL:		OTHER:	LACE OF DEATH (C					
PHYSICIAN: ME	27. MANNEB-OF DEATH	Inpetient 2 ER/Ou 26e, DATE OF INJURY			JURY AT	6 Other (Specify) 28d, DESCRIBE HOW	NJURY OCCURED			
	1 Netural 5 Pending	(Month, Day, Year)	INJ	URY W	YES 2 NO					
BY	Autoria	26e. PLACE OF INJUR	IY — At home, ferm, s	treet, factory, off	CO CO	28t. LOCATION (Street	and Number or Rura	I Route Number,		
	4 Homicide determined	building, etc. (Sp.	өслу)			City or Town, State,				
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: (Check only one) MEDICAL EXAMINER: On							e(s) end manner ea stated.		
C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE SION	ED (Month, Day, Year)		
O	Va		3		D-25	992	1011	12/8)		
=	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)	<u> </u>	114	1			
	Khadar Baig P.O	Box 1		lata. I	ID. 20	646				
		32. REGISTRAR'S SIG	NATURE							
	OCT 1 3 '92	grena David	Gon-Randall	6						

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The wind register of the death and white the death of the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	9e. FACI 2.2 PRESID 10e. STA Ma 10e. STA 11. MARII 1
TO THE HOSPITAL ON ATTENDING PRESENTATION WINDINGS that the death certificate be executed within 2 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DISCORD Annual Control of the cont	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PAF IMMED disease resultin Sequer if any, cause. CAUSE that ini resultin PART II 25. WAS (EXAI 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGI				
1. DECEDENT'S NAME (First, Middle,	Ridgley		Reid		2. DATE OF DEATH		3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 219-10-6741	6. SEX 6. AGE (80 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year NOV • 22	8. BIRT Cou	Maryland		
9a. FACILITY NAME (If not institution, 2355 Ponds Wo	od Road			ingtown	DEATH	9e. COUNTY OF	lvert		
2355 Ponds Wo RESIDENCE OF DECEDEN 100. STATE 100. CO Maryland	Calvert			rown or Location ntingtown			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
10e. STREET AND NUMBER 2355 Ponds V 11. MARITAL STATUS	Wood Rd.		101	20639		10g. CITIZEN OF WHAT COUNTRY? USA			
3 Widowed 4 Divorced	FORCES? 1 YES	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES A			ANIC ORIGIN? (Specify can, Puerto Rican, etc. elly:	Bla	CE — American Indian, ock, White, etc.		
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 5 17. FATHER'S NAME (First, Middle, Lae	EDUCATION grade completed) College (1-4 or 8 +)	16a. DECEDENT'S U (Give kind of wo ille. Do NOT use	SUAL OCCUPATION of done during more retired.)	DN st of working	16b. KIND OF	BUSINESS/INDUSTRY			
5		Farn	ner						
	*				AME (First, Middle, Mail	_			
Jesse 19a. INFORMANT'S NAME (Type/Print)	Reid			Lyd		Jone	S		
Lovelette Reid		2355 I	onds Wo	od Rd.		own, MD 2			
	The state of the s								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sewell Funeral H. 1451 Dares Beach Rd. Prince Fred.									
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A		5/2	drom	e		Onset and Dear		
PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	o. litiona contributing to death bu	ut not resulting in	the underlying	cause given in	PER	AN AUTOPSY 24 FORMED? 24 NO	D. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigat	2 NO				4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) OF 28c, INJURY AT 28d, DESCRIBE HOW INJURY OCCURED				
3 Suicide 6 Could not	28e. PLACE OF INJURY building, etc. (Speci	At home, term, str	eet, factory, office		281. LOCATION (Str. City or Town, St	(Street and Number or Rural Route Number, n, State)			
				me, data and place, and due to the cause(a) and manner as stated. Inion, death occured at the time, data and place, and dua to the cause(a) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERT	wp			D2261		29d. DATE SIGNE	D (Month, Day, Year)		
Ronald J. Ro	oss, M.D. 120) Hospit		Princ	ce Frede	rick, MD	20678		
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA								



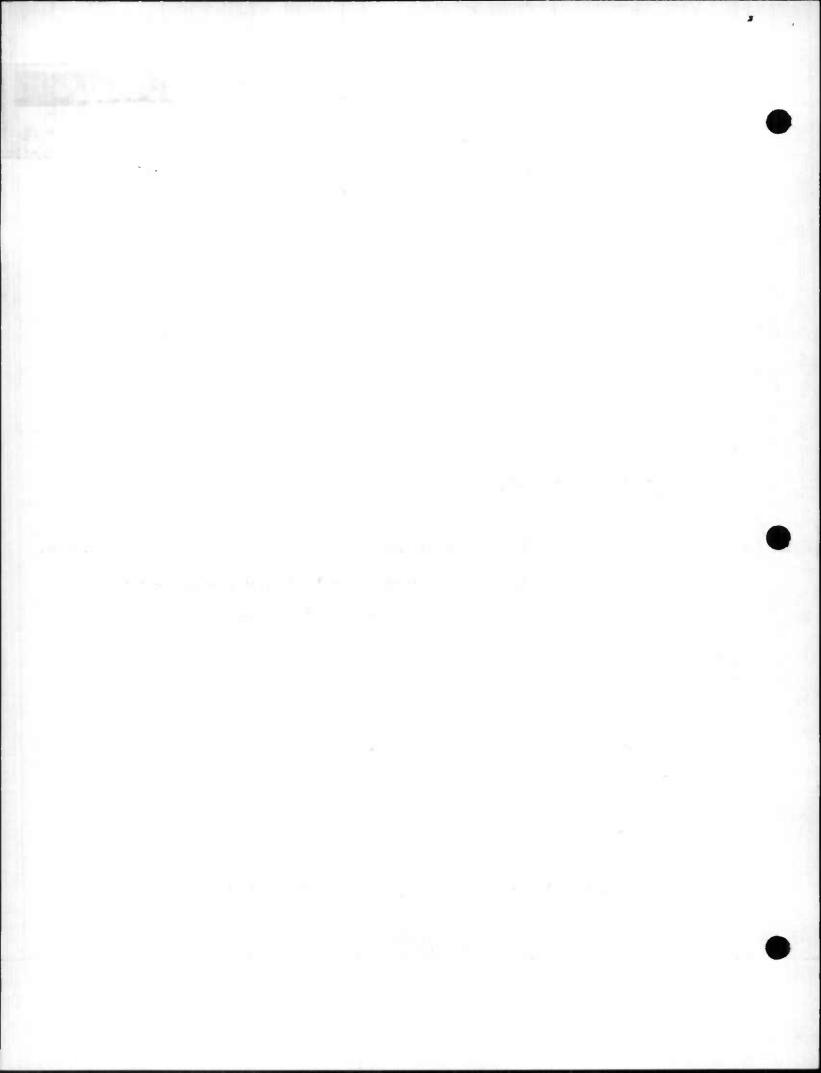
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Section 2	requires	een same	of Heath	shows an
CONTRACT OF	aw require	has been when	Dept. of Heart	23 shows an
The second secon	V: The law require.	cate has been when	State Dept. of Health	Hem 23 shows an
	SICIAN: The law required	certificate has been with	the State Dept. of Heart	, or item 23 show an
	PHYSICIAN: The law require-	this certificate has been until	with the State Dept. of Person	rked, or Item 23 show an
	DING PHYSICIAN: The law required	After this certificate has been with	death with the State Dept. of Person	s marked, or Item 23 shows an
	TTENDING PHYSICIAN: The law required	CTOR: After this certificate has been when	after death with the State Dept. of Person	28 is marked, or Item 23 shows an
	OR ATTENDING PHYSICIAN: The law required	DIRECTOR: After this certificate has been with	hours after death with the State Dept. of Heart	tem 28 is marked, or Item 23 shows an
	PITAL OR ATTENDING PHYSICIAN: The law required	RAL DIRECTOR: After this certificate has been when	n 72 hours after death with the State Dept. of Period	f: If item 28 is marked, or item 23 show an
	HOSPITAL OR ATTENDING PHYSICIAN: The law required	FUNERAL DIRECTOR: After this certificate has been seen	within 72 hours after death with the State Dept. of Person	TANT: If Item 28 is marked, or Item 23 show an
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement the control of the hospital of the hospital paper of the hospital of the hospital paper of the	TO THE FUNERAL DIRECTOR: After this certificate has been seen to the manual physician and completely filled in by the funeral director, page 5 should be detach	filed within 72 hours after death with the State Dept. of Permi	IMPORTANT: If Item 28 is marked, or Item 23 short and Interpretation that medical examiner must be notified at once.

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	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE OF DEATH	MY	YEAR 3.	TIME OF DEATH		
	Burress Frank		Rogers	S	_			_	October	2, 19	92	9:10 A		
		5. SEX	6. AGE (In yrs. les		IF UNDE	R t YEAR	HOURS B	IIM I	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign		
	577-18-6133	1 💢 M 2 🗌 F	83	YRS.					Jan 5, 19			h Carolir		
OT.	9a. FACILITY NAME (If not institution, give s						R LOCATION	OF DEA	ГН		TY OF DEAT			
<u>ō</u>	RESIDENCE OF DECEDENT	Mary's Nursing Center			Le	onard	dtown			St.	Mary	's		
DIRECTOR	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION				10	d. INSIDE CITY		
D D	Maryland St.	Mary's			Leon	ardto	own				1	LIMITS?		
AL	10e. STREET AND NUMBER					101.	. ZIP CODE			10g. CITIZ		AT COUNTRY?		
FUNERAL	Box 186-A						20650			U.	S.A.	. A.		
5	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT OF H	ISPANIC	ORIGIN? (Specify Ye	s or No-	14. RACE -	American Indian,		
ВУ	1 Never Married 2 Married 3 Widowed 4 X Divorced		MAR OR DATES	10				exican, Specify:	Puerto Rican, etc.)		Specify:	Yhite, etc.		
		<u> </u>									Whit	e		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	(G	CEDENT'S ive kind of a Do NOT us	work done	during mos	ON at of working		16b, KIND OF BU	SINESS/IND	USTRY				
2	Elementary/Secondary (0-12) College (1-4 or 5+) 4th Grade			chni					Radio	n bre	'alevri	sion		
8	17. FATHER'S NAME (First, Middle, Last)		1.0	СПП	JLan		18 MOTHER	S NAM	(First, Middle, Malder		CICVI	31011		
	Ernest Preston	Roger	5				Maie		L (First, Micore, Mercel	Surriame)				
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, Cit							ute Number, City or Toy	yn. Stata. Zip	Code)				
입	Burress Rogers, Jr. P.O. Box 488, Leonardtown, Maryland 20650									50				
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem	ale allowers	20b. PLACE				me of		DATE 20c. LC	CATION (Hy or Town,	State		
	4 Donation 6 Other (Specify)		cemetery, cre				Garder	s	Le	eonard	ltown,	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	,				D ADDRESS		LITY					
	Michael	Lare	liner)						diner Fun					
	23. PART I. Enter the diseases, or	complications the	it coused the de	ath. Do r	not ente	r the mo	SOX 2/	such.	Leonardto	Iratory arm	arv.La	Approximate		
- 1	ahock, or heart failure.	List only one car	use on each line									Interval Batween		
	IMMEDIATE CAUSE (Final disease or condition	. Pre	1111 111	1.00								48 h		
		DUE TO	(OR AS A CONSEC	DUENCE O								4-8 11.		
z		Poses	moves	cul.	ec : 6	uci	bout		0 1,0,0	· wolon	eris	ļ		
임	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSEC	DUENCE O	r):				my week	1,000				
3	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events b. Ceucho Ucscular activated in Consequence of: c. UCS and a consequence of: Due to (or as a consequence of):													
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	F):	•								
EH.	resorting in death) EAST	d												
CAL	PART II. Other algnificant condition	s contributing to	death but not r	esulting	in the u	nderlying	cause give	n in Pa	ort i. 24a. WAS AN		24b. W	RE AUTOPSY FINDINGS		
P 1							PERFO			AILABLE PRIOR TO IMPLETION OF CAUSE				
		1 TYES 2 NO								X		DEATH?		
		1 YES 2 NO									120 1 110			
			25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
					HOSPITAL: OTHER:									
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 100		ER/Outpatient 3	□ DOA			e 5 🗌 Reside							
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 E	INJURY	28b. TIM	4 (Xiliu E OF	rsing Home	URY AT	-	ed. DESCRIBE HOW	INJURY OCC	URED			
PHYSICIAN: MEDI	EXAMINER? 1 VES 2 ANO 27. MANNER OF DEATH 1 Matural 5 Pending	1 Inpetient 2	INJURY	28b. TIM	4 (XA)u	28c. INJU	URY AT	2		INJURY OCC	URED			
BY PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Maintural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	1 Inpatient 2 E	INJURY	28b. TIM	4 (XA)U E OF URY M	28c. INJU WOI 1 Y	URY AT RK? 'ES 2 N	2	881. LOCATION (Street	and Number		e Number,		
ED BY PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Whitural 5 Pending 2 Accident Investigation	1 Inpatient 2 E	INJURY ay, Year) PF INJURY — At ho	28b. TIM	4 (XA)U E OF URY M	28c. INJU WOI 1 Y	URY AT RK? 'ES 2 N	2	ed. DESCRIBE HOW	and Number		e Number,		
ED BY PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER Check only	1	INJURY ay, Year) F INJURY — At horetc, (Specify)	28b. TIM INJ me, term,	4 (XA)u E OF URY M Itroot, fac	28c, INJU WOI 1 Y	URY AT RK? 'ES 2 N	2	est. LOCATION (Street City or Town, State	and Number	or Aural Aout	e Number,		
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Fenwick, Leonardtown, Maryland John F. M.D. 20650

31. DATE FILED (Month, Day, Year) 007 - 5 9232 REGISTRAR'S SIGNATURE Julia Davidson-Randall

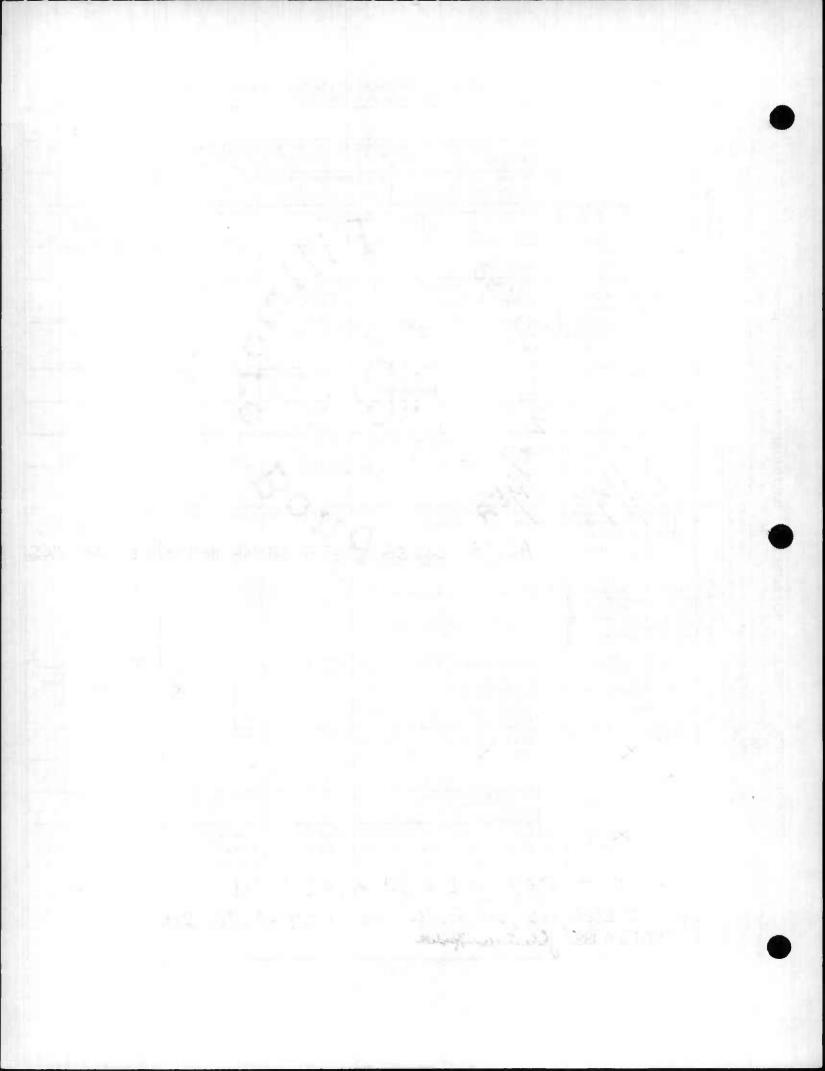


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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH IO Robinson Francis Kenneth 03 10:00 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 218-26-1033 1 X X 2 | F 08-13-07 Maryland 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Annapolis Anne Arundel RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel Annapolis MXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 3053 Mimon Road 21403 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Herried
3 Nidowed 4 Divorced If yes, specify Cuban, Mexican, Puerto Rica 1 YES 2 NO Specify: BY Specify: Specify: White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15 DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) Construction 12 Inspector 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Andrew Leonard Robinson Magdalene Mary Jackson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 3053 Mimon Rd. Annapoils, MD 21403 5 James K. Robinson 20a. METHOD OF DISPOSITION
1 Duriel 2 Commation
4 Donation 1 Other Sp 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION — City or Town, State 10-5-92 Brentwood, MD 4 Donetjan Lincoln Crematory 21. SIGNATURE OF FUE 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Home 147 Gloucester St. Annapolis, MD 21401 tions that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, Interval Between Onset and Daeth IMMEDIATE CAUSE (Finel disease or condition resulting in death) LOWER GASTROINTESTINAL HEMMORHAGE SEV. HRS. CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)-If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpettent 2 | ER/Outpettent 3 | DOA |
286. DATE OF INJURY (Morith, Day, Year) | 28b. Ti OTHER: 4 Nursing Home 8 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 ND BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 🔲 Suicide 281. LOCATION (Street and Number or Rural Route Number, 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exam restigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 015 192 2

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1 - FOR STATE REGISTRAR

be detached for use as the burial-transit permit, Pages 1, 2, 3 should

be wormed at once.

by the hospital or attending physician.

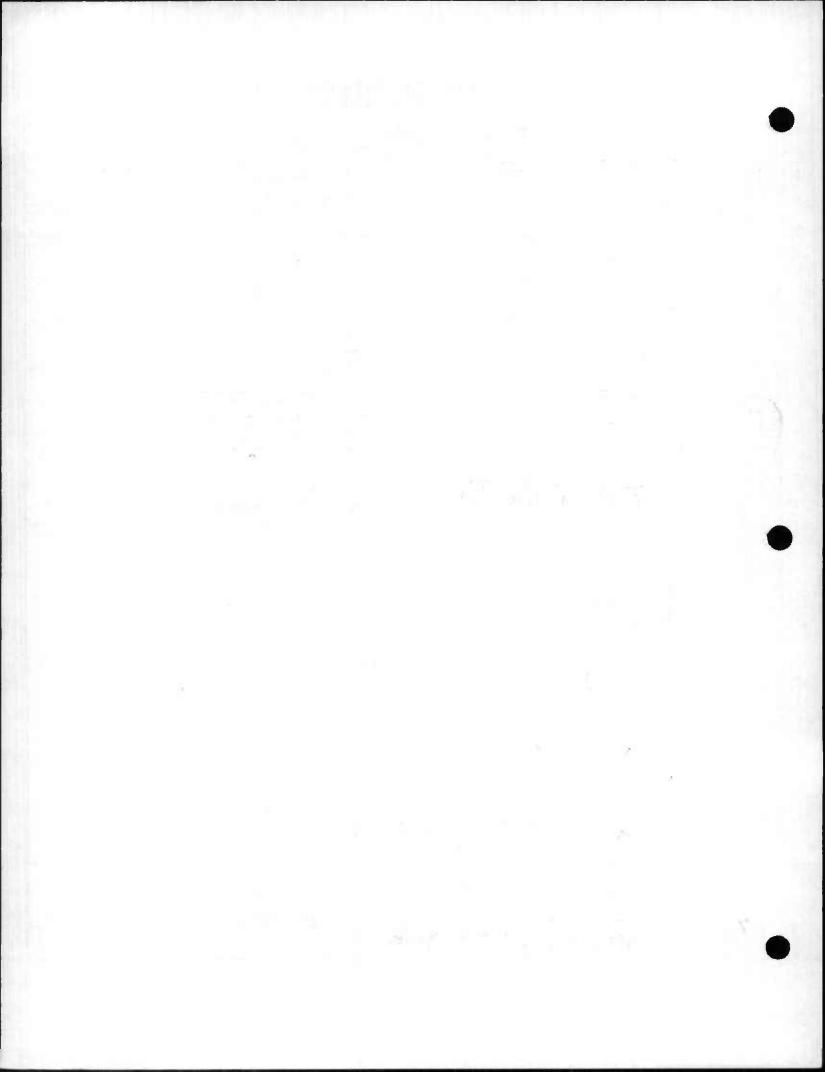
BALTIMORE WARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. N	10.			
1. DECEDENT'S NAME (First, Middle, La				2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH		
HAZEL	MILDRED	ROBINETTE		10 1	5 1992 T	1:07am M		
4. SOCIAL SECURITY NUMBER 216-22-6921	1 🗆 M 2 🖵 F	85 YRS.	F UNDER 1 YEAR F UNDER 24 HR ONTHS DAYS HOURS MIN	MAY 26 1	907 W.	ITHPLACE (State or Foreign intry)		
SACRED HEART I	HOSPITAL		CUMBERLAND, M		9c. COUNTY OF			
10a. STATE 10b. COU			TOWN OR LOCATION ERLAND			10d. INSIDE CITY LIMITS? 1 TY YES 2 NO		
SACRED HEART I PESIDENCE OF DECEDENT 10a. STATE 10b. COU MARYLAND 10a. STREET AND NUMBER 128½ POLK STRI		T COME	101. ZIP CODE 2150	2	U.S.A	10g. CITIZEN OF WHAT COUNTRY?		
3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR OF	ES 2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma 1 YES 2 NO Sp	rican, Puerto Rican, etc.)	Bi	MCE — American Indian, ack, White, etc. ec/ly: WHITE		
15. DECEDENT'S E (Specify only highest on Elementary/Secondary (0-12) 1.2 17. FATHER'S NAME (First, Middle, Last)		Iffe. Do NOT use i	k done during most of working		SE KEEPER			
12. 17. FATHER'S NAME (First, Middle, Last)		HOUSE						
GEORGE MILLER		<u> </u>	CAROL	NAME (First, Middle, Maid YN_VTRGTNT)	A ROMAN			
198. INFORMANT'S NAME (Type/Print) RICHARD E. PARSO	ONS	195. MAILING AI 2840 ST	STE ROUTE 103	rel Route Number, City or EAST, WIL	lown, State, Zip Code)	0 44890		
20a. METHOD OF DISPOSITION SE Burial 2 Cremation 3 R. 4 Denation 5 Other (Specify)	amoval from State	COLPLACE AND DATE OF	DISPOSITION (Name of OCEMETERY OC		LOCATION — CITY OF CUMBERLAN	Town, State D, MARYLAND		
21. SIGNATURE OF FUNERAL SERVICE	LICENSSE	+	MERRITT-AD	AMS FUNERA				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	disease or condition resulting in dasth) s. // Limo xany Cunholism Due to (or as a donseouence of): Sequentisity list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury							
resulting in death) LAST	_ d.							
PART II. Other significent condit			the underlying cause given	PERF	AN AUTOPSY ORMED? 2 2 NO	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIORI TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	10	26. PLACE OF DEATH	(Check only one)				
1 TES 2 NO	1/ Inpetient 2 - ER/O	outpetient 3 DOA 4	☐ Nursing Home 5 ☐ Residen	ce 8 C Other (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJUR (Month, Day, Yes			28d. DESCRIBE HOV	V INJURY OCCURED			
	building, etc. (S	JRY — At home, farm, stre specify)	at, tactory, offica	28t. LOCATION (Stre City or Town, Sta	et and Number or Rura te)	of Route Number,		
			et the time, data and place, and in my opinion, death occured at			e(s) and manner as stated.		
296. SIONATURE AND TITLE OF CERTIF	-	en-	29c. LICENSE			ED (Mgrith, Day, Year)		
30. NAME AND ADDRESS OF PERSON SUNIL GUPTA, M.		MEDICAL BI		ERLAND, MD	21502			
31. DATE FILED (Month, Day, Year) OCT 1 5 19	32. REGISTRAR'S SI	GNATURE CONTROLLE						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pre-6 for 10 THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funes. Deep of filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: it liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

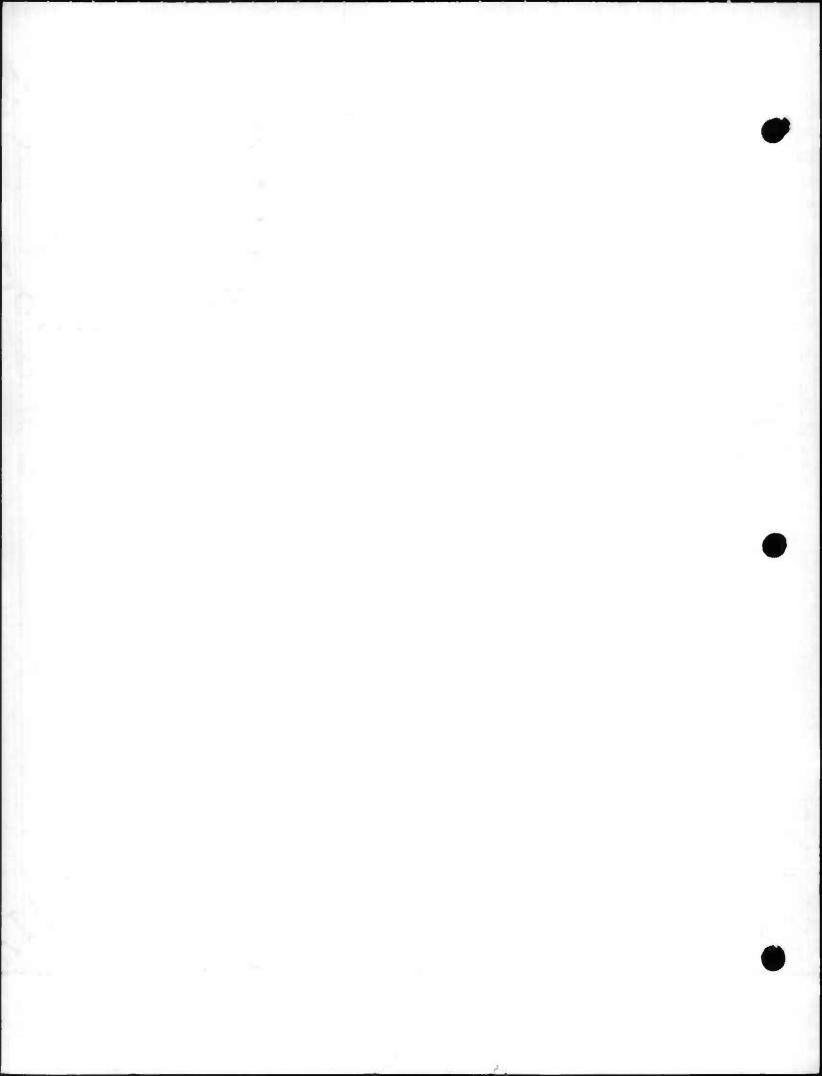
BALTIMORE, MARYLAND 21215-0020	irs after death. Page 6 may be prained by the hospital or attending physici	n by the funeral prace (SE), is mould be detached for use as the burial-it removal.	odical examinant quet be rottified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Park 6 may be attended by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral frace page, is bround be detached for use as the burial-to be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinant went by contract at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTM			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	N RUIT	ER			2. DATE OF DEATH	7 199	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 516–14–2987	5. SEX 6. AGE (In yrz. In 120) 85	st birthday) IF U	HOER 1 YEAR	HOURS MIN.	7. DATE OF BIRTIN NOV. 8, 1	906	Montana
OR	90. FACILITY NAME (If not institution, give s Washington Advent			akoma	LOCATION OF DI Park		9c. COUNT	y of DEATH
DIRECTOR	Maryland Prince	ce George's		wn on Locatio	ON			10d. INSIDE CITY LIMITS2 1 YES Z Y NO
FUNERAL	100. STREET AND NUMBER 11358 Cherry Hill	L Road			705			n of what country? ced States
BY	11. MARITAL STATUS 1 Never Married 25 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2. IF YES, GIVE WAR OR DATES	RMED NO	If yes, spec	ECENDENT OF HISPANIC ORIGIN? (Specify Yea or specify Cuban, Mexican, Puerto Rican, etc.) ES 2XXNO Specify:		n or No.— 14	4. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (Int. or 5 +)	ecedent's usua live kind of work of a. Do NOT use retin perinte	one during most ed.)	of working	Constr		
BE CON	17. FATNER'S NAME (First, Middle, Last) Dirk Ruiter				18. MOTHER'S NA Cather	ME (First, Middle, Maiden ine Conyn	Sumame)	
TO B	190. INFORMANT'S NAME (Type/Print) Dorothy M. Ruite:	19 S	ame as	#10	Number or Rural	Route Number, City or Tow	n, State, Zip Co	ode)
	20s. METNOD OF DISPOSITION XXX Buriel 2 Cremation 3 Rem 4 Defiation 5 Other (Specify)		AND DATE OF DIS omatory or other pic					ly or Town, State lige, Montana
	21. SIGNATURE OF FUNERAL SERVICE LIC	Brownicht	-	Donald 4400 P	V. Borowder M	gwardt Fun ill Rd. Be	eral H	Home, P.A.
CERTIFICATION	23. PART I. Enter the diseases, or a shock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	GUENCE OF):		April		iratory arres	Approximate Interval Between Onset and Dosth Myn Thy
PHYSICIAN: MEDICAL CI	PART II. Other significant condition	s contributing to death but not a	resulting in the	underlying (csuse given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 \(\text{YES} \) 2 \(\text{NO} \) NO
SICIA	25. WAS CASE RE EMPLO TO MEDICAL EXAMINER? 1 YES 2	HOSPITAL:		IER:	CE OF OEATH (Ch			
	27. MANNER O DEATH 1 Miturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJUR	TY AT	6 Other (Specify) 28d. DESCRIBE NOW II	NJURY OCCUP	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	atton 28. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Team, State)					Rural Route Number,	
COMPLETED		CIAN: To the best of my knowledge, de R: On the basis of examination and/or						
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIEF	10 m	n	2	Oc. LICENSE NUN	0 89	29d. DATE S	HIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	air mn	M 27) (Type, Print)	NH	he si	Jul 3	2090	14
	OCT 07 92	32. REGISTRAR'S SIGNATURE	-600			,		

named by the hospital or attending physician.
The permit Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page in the hospital or attending physicia	hours after death. Page to have in manned by the hospital or attending physicia
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral differ page, page a perached for use as the burial-trope filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed in by the funeral defect page. Paged to detached for use as the burial-troor removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last PAUL LEON		KETTS			2. DATE OF DEATH DONTH OCTOBER	** 8 ,1 ⁸	3. TIME OF DEATH 1:30 P. M
	4. SOCIAL SECURITY NUMBER 384-01-7986	1 ₹ M 2 □ F 7:		F UNDER 1 YEAR KONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 30, 191		BIRTHPLACE (State or Foreign Country) IARYLAND
TOR	90. FACILITY NAME (If not institution, give 8510 GREENWOOD A RESIDENCE OF DECEDENT			TAKOMA	R LOCATION OF DE	ATH	MONTO	OF DEATH GOMERY
DIRECTOR	10a. STATE 10b. COUN	TY NTGOMERY	200	AKOMA P			_	10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	10a. STREET AND NUMBER		1		ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?	
Y FUNERAL	8510 GREENWOOD A 11. MARITAL STATUS 1 Nover Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 100	If yes, spe		n, Puerto Rican, etc.)	IN? (Specify Yes or No— IA. RACE — American In Black, White, etc.) Specify:	
TED BY	3 Wildowed 4 Divorced 15. DECEDENT'S ED (Specify only highest great		16a. DECEDENT'S US		N	16b. KIND OF BU	SINESS/INDUS	WHITE
COMPLETED	Elementary/Secondary (0-12)	Coflege (1-4 or 5+)	GOLF PR					1
	17. FATHER'S NAME (First, Middle, Last) JESSE RICH	KETTS	_		18. MOTHER'S NA HELEN	ME (First, Middle, Maider MOBLE		
TO BE	190. INFORMANT'S HAME (Type/Print) PEARL Y. RICKETTS					Route Number, City or Tox	vn, State, Zip Co	on 20912
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rel 4 Donation 5 Other (Specify)	moval from State cem	PLACE AND DATE OF STEERY, Crematory or other AYTONSVIL	DISPOSITION (Nat	me of	OATE 20c. LC	CATION - City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE I	D Strong	-0	FRANC:	NIVERSIT	cury LLINS FUNE Y BLVD.,W.	ERAL HO	ME, INC. SPR.,MD.20901
	23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on e	the deeth. Do no ach line.		•	h aa cardiac or resp	iratory arreat	Approximate interval Between Onset and Death
NC	Sequentially list conditions.	b.	CONSEQUENCE OF):		7			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	CONSEQUENCE OF):					
ERTI	resulting in death) LAST	d						
PHYSICIAN: MEDICAL (PART II. Other algnificant condition	na contributing to deeth b	ut not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AMPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
IAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	/	6 Cher (Specify)		
ВУ РН	27. MAHHER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		26b. TIME INJUI	M 1 WO	RK? 'ES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	eet, factory, office		281. LOCATIOH (Street City or Town, State	and Number or .)	Rural Route Number,
COMPLETED		SICIAN: To the best of my know HER: On the basia of examination						suse(s) and menner as stated.
TO BE	296, SIGNATURE AND DRIVE OF CERTIFIE	extract,	M.D.		29c. LICEHSE HUN	834	29d, DATE S	IGHED (Month). Day, Year)
	30. HAME AHO ADDRESS OF PERSON W	SAUM 3-	720 75	HRRAGU	OT AV	5 KEN	5116	TON, MD.
	31. DATE FILED (Month, Day, Year)	white Day Book THAT THOU						20891



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rained by the hospital or attending	detached 1	
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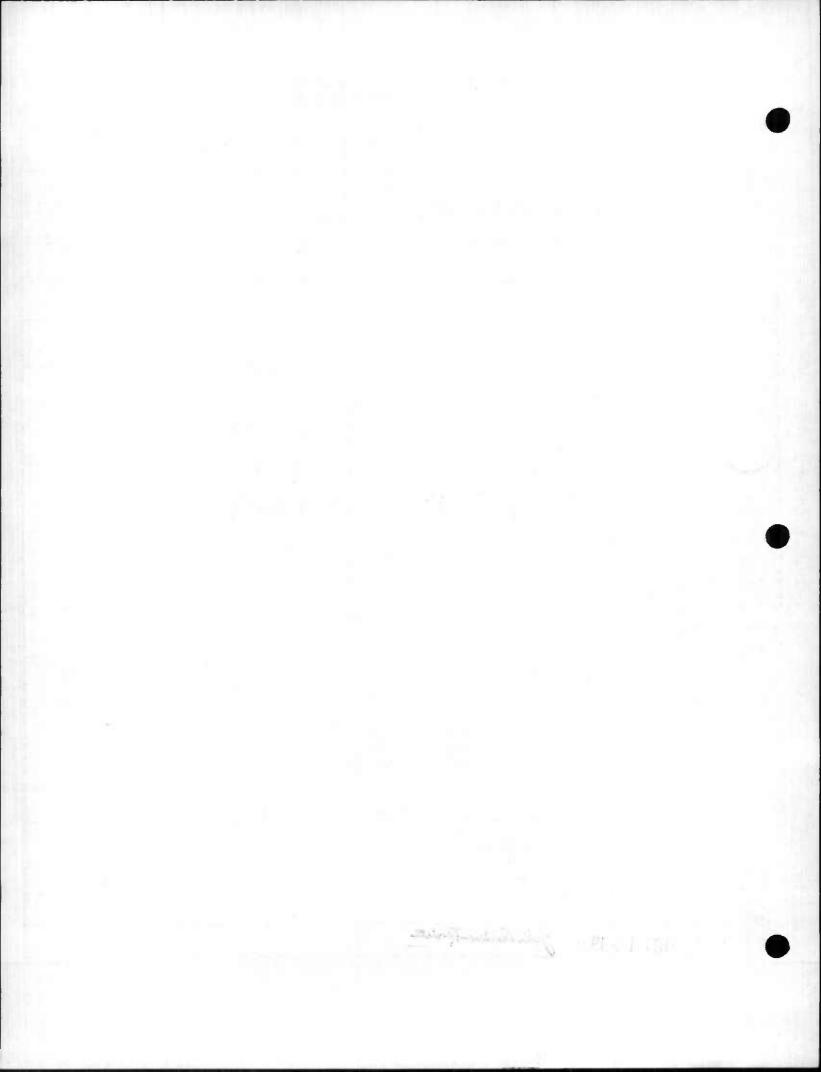
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

gunt be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal: IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examination. FOR 1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				F DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Lest) MARGAR	287	O'LEARY RO	ON		2. DATE OF DEATH MONTH	92	3. TIME OF DEATH 2 10 An
	4. SOCIAL SECURITY NUMBER 578-30-5957		AGE (In yrs. lest birthday) 7 YRS.	MONTHS DAY		7. DATE OF BIRTY (Month, Day, Year) DEC. 1, 191		BIRTHPLACE (State or Foreign Country) SHINGTON, D.C.
	Se. FACILITY NAME (If not institution, give at			9b. CITY, TOW	N OR LOCATION OF D	1	9c. COUNTY	
FIOH	CARRIAGE HILL NUI	RSING CENTI	ER	SILV	ER SPRING		MONTG	OMERY
DIRECTOR	MARYLAND MONT	r TGOMERY		TOWN OR LO				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER			JV BIC BI	101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	804 MALCOLM DRIVE	Ξ			20901		USA	
R	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES ZNO NO	If yes,	BECENDENT OF HISPA specify Cuban, Maxic (ES 2) NO Specific	NIC ORIGIN? (Specify Young an, Puerto Rican, etc.) fy:		. RACE — American Indian, Black, Whita, etc. Specify: WHITE
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of w	rork done during	ATION most of working	16b. KIND OF BI	JSINESS/INDUS	TRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	SECRET			CATHOLI	C IINTV	ERSTTV
COMPL	17. FATHER'S NAME (First, Middle, Last)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		16. MOTHER'S NA	AME (First, Middle, Maide		DRUTT
N N	BERNARD C. O'LE	EARY			MARY	STONER		
0	19a. INFORMANT'S NAME (Type/Print)	(001)				Route Number, City or To		
	GEORGE H. ROBISON 20a. METHOD OF DISPOSITION		804 MA			LVER SPRIN		YLAND 20901
	1 \(\Delta \) Burlet 2 \(\Delta \) Cremation 3 \(\Delta \) Ramo 4 \(\Delta \) Donation 6 \(\Delta \) Other (Specify)	oval from State	GATE OF HE	her place)				RING, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0	22. NAME	AND ADDRESS OF FA	LLINS FUNE		
	teven	D. St	word					PR.,MD.20901
	23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	List only one cause of	on eech line.				Hratory screet	Approximata Interval Between Onset and Death
	resulting in death)		AS A CONSEQUENCE OF):	411	634		1484
S O	Sequentielly list conditions,	b. COF	AS A CONSEQUENCE OF	D.				199
RIFICATION	if any, leading to immediate cause. Enter UNDERLYING	. CH		,-				1989
Ĭ	CAUSE (Disease or Injury that initiated events	,	AS A CONSEQUENCE OF):				
SE SE	resulting in death) LAST	a. All	VO					1489
CAL	PART II. Other significent conditions			n the underly	ing ceuse given in	Part I. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
2	Sendo Dame	outre , A	Ine-14			1 TYES	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C)	back onto onal		
200	EXAMINER?	HOSPITAL:	/Outpatient 3 DOA	OTHER:	ome 5 - Residence			
BY PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e, OATE OF INJU (Month, Day, Y		OF 28c.	INJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCCUR	ED
	3 Suicide 6 Could not be detarmined	28e. PLACE OF IN. building, etc.	JURY — At home, farm, a (Specify)	treet, factory, o	Mice	28f. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,
COMPLEIED			knowledge, death occurre					euse(s) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			IGNED (Month, Day, Year)
200	23 Patro	MW			DITT	24		10/42
	30. NAME AND ADDRESS OF PERSON WHO		F DEATH (ITEM 27) (Type,	Print) (a led v i	Ne Rd	55, ma	20 4	(6
	OCT 13 1992	A 22. REGISTRAR'S	SIGNATURE DE					
)	101 TO 1335 V	1						



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the cremation,

23 shows any injury, or other traumatic event,

COMPLETED

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68760,

P.O. BO	ath certificate be	ttending physicia	tal Hygiene prior	r, or other trau
DIVISION OF WITAL RECORDS, P.O. BOX	TO THE HOSPITAL OR ATTENDING PASCANE TO LAW INQUIRES that the death certificate be	a been signed by the a	Mpt. of Health and Men	IMPORTANT: If item 28 is married or just 23 shows any injury, or other trau
ON OF MIT	NOINE PRISCUME TH	After this castigate	death with THE State,	R march or line
DIVIS	E HOSPITAL OR ATTER	E FUNERAL DIRECTOR	1 within 72 hours after	RTANT: If Item 28
	F	TO TH	be file	IMPO

92 29758 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HOHTH 10 11 1992 Joseph Snyder 02:45 A M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) Pa. DAYS HOURS 1 XM 2 | F MIN. YRS. 192-20-7647 1926 66 May 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BY FUNERAL DIRECTOR Physicians Memorial Hospital LaPlata Charles RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Charles Waldorf 1 TYES 2 NO 10a. STREET AND NUMBER 101, ZtP CODE 10g. CITIZEN OF WHAT COUNTRY? P.O. Box 878 20604 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \times YES 2 \longrightarrow NO IF YES, GIVE WAR OR DATES 1944—1946 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY idary (0-12) College (1-4 or 5+) Air Conditioning Equip 12 Wholesales 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Charles F. Snyder Julia Kennedy BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Anna D. Snyder Box 878 Waldorf, Md. 20604 20s. METHOD OF DISPOSITION
1 ☐ Burlal 2人☐ Cremation 3 ☐ Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Huntt Crematory 0/1 4 Donation 8 Othes (Specify) Waldorf, Maryland 21. SIGNATURE OF SEMERAL SERVINE LICENSES 22. NAME AND ADDRESS OF FACILITY n M. MatthewsM00658 The Huntt Funeral Home, Inc. P.O. Box 156 Waldorf, Md.20604 Benjamin M. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING

CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):					
PART II. Other algorificant condition		resulting in the underlying cause given in Part	. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26. PLACE OF DEATN (Check only one)						
	HOSPITAL: 1 Inpatient 2 ER/Outpatient :						
27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME OF 28c INJURY AT 28d	DESCRIBE NOW IN HIRV OCCI	IDEO			

(Month, Day, Year) WORK? INJURY 1 Natural 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide

298. CENTIFIER	1 CERTIFYING PAYRICIAN: To the heat of my bounded as death assumed as at the
(Check only	1 CERTIFYING PNYSICIAN: To the best of my knowledgs, death occurred at the time, data and place, and due to the cause(s) and menner as stated.
01.07	2 MEDICAL EXAMINER: On the basis of Asignipation and/or investigation in my policies death account at the time date and also and also and also are also and also are also and also are also and also are

and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

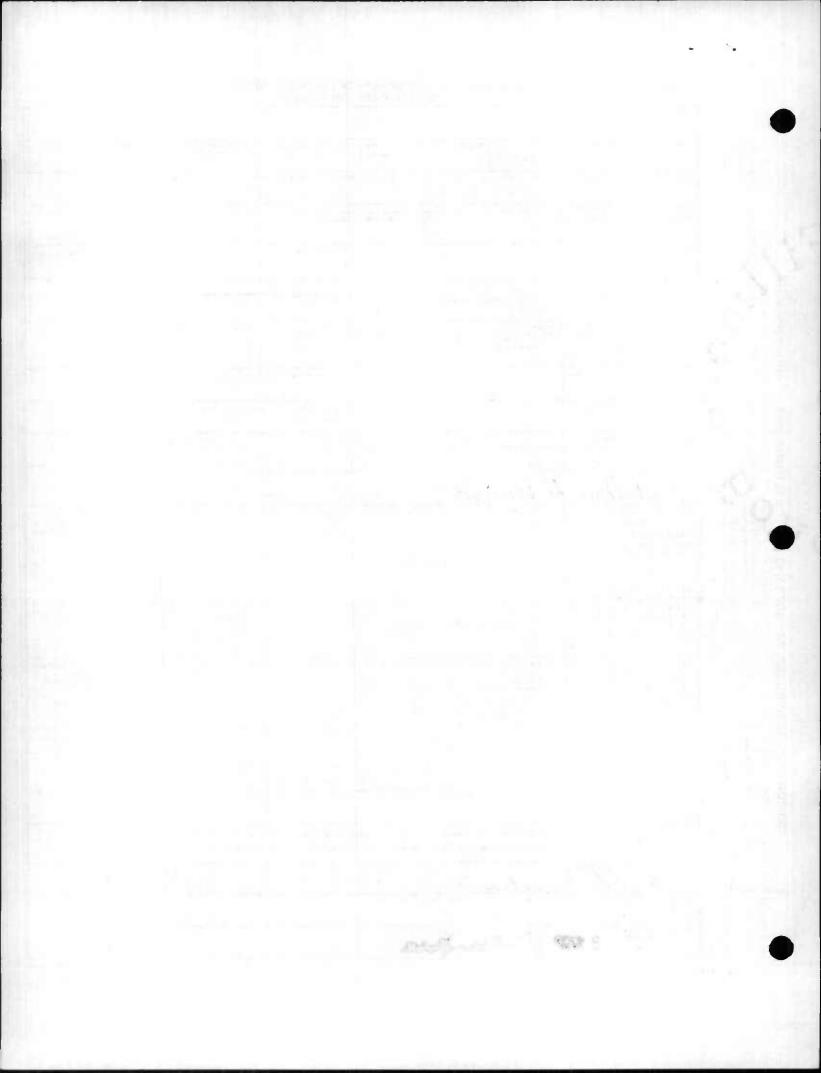
- Whathi		D-00560	10/11/92
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	#21	0	20604

Nirendra N. Bhaduri MD. 6 Post Office Rd. PO Box 1437 Waldorf, Md 31. DATE FILED (Month, Dev. Year)

32. REGISTRAR'S SIGNATURE Julia Davidson-Randell العاقمانية ethical " present Server week

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After the certification has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected be filled within 72 hours after delith with the tentral director, page 5 should be detected by the funeral director, page 5 should be detected by the funeral director, page 5 should be detected by the funeral director, page 5 should be detected by the funeral director, page 5 should be detected by the funeral director, page 5 should be detected by the funeral director, page 5 should be detected by the funeral director.

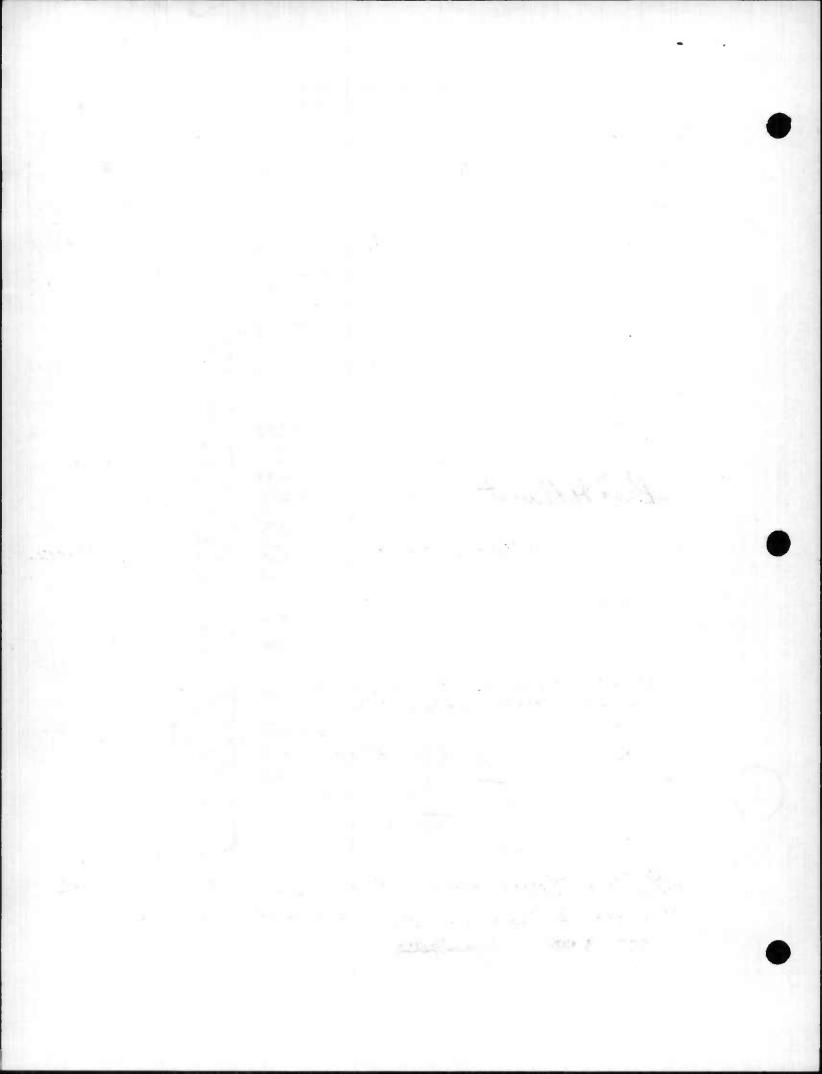
1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEI		
1. DECEDENT'S NAME (First, Middle, Li		ard Sypolt	. Sr.	2. DATE OF DEATH MONTH October	7 1992	3. TIME OF DEATH 4:57 A.
4. SOCIAL SECURITY NUMBER 236-14-2359 90. FACILITY NAME (If not institution, g	1 📉 M 2 🗌 F	75 YRS. MOI	UNDER 1 YEAR FUNDER 24 HRS ITHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	Sept. 23,	1917 We	ATHPLACE (State or Foreign unity) est Virginia
Garrett County N	Memorial Hospi		Oakland	DEATH	Gar	rett
W.Va.		10c. CITY, TO	Terra	a Alta		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10. STREET AND NUMBER Bridge St. 11. MARITAL STATUS 1 Naver Married 2 1 Married			101. ZIP CODE	5764	10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced 15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 10 17. FATHER'S NAME (First, Middle, Last)	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR D WW 11	2 _ NO	13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex 1 — YES 2 NO Spe	icen, Puerto Rican, etc.)		ACE — American Indian, lock, White, etc. Decity: White
1s, DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 8 +)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re Car Sale:	done during most of working ired.)		Dealer	
17. FATHER'S NAME (First, Middle, Last)	Clyde H. S	ypolt		NAME (First, Middle, Meide heua DeWitt		
19e. INFORMANT'S NAME (Type/Print) Ruth C. Sypolt		196. MAILING ADI	Box 161 Ter	ra Alta, W	wn, State, Zip Code) 7 26764	
23. PART I. Enter the disesses,	H. Wrigh	d the death. Do not seach line.	22. NAME AND ADDRESS OF Arthur H. Wr 105 Highland anter the mode of dying, s	ight Funera AVe. Terra	Alta, V	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):				
PART II. Other algorificant condi Carcinoma of	tions contributing to deeth	but not resulting in t	ne underlying cause given		PRMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
History of Ci	uctive Pulmona garette Smokir		28. PLACE OF DEATH (Check only one)		1 YES 2 NO
EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1X inpetient 2 - ER/Out 28e. OATE OF INJURY (Month, Day, Yeer)		HER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	e 6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	
2 Accident Investigati 3 Suicide 6 Could not 4 Homicide datermine	be 28e. PLACE OF INJUR	Y — At home, farm, stree	t, factory, office	281. LOCATION (Street City or Town, State	t and Number or Run a)	el Route Number,
	IYSICIAN: To the best of my know					e(e) end manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	hwalm .	D	29c. LICENSE N D272		≥9d. DATE SIGN ▶ 10/7	EO (Month, Day, Year) /92
Karl E. Schwa	Lm 311 N. 4th	St., Oakl	and, MD			
31. DATE FILED (Month, Day, Year)	REGISTRAR'S SIGN	NATURE				



ed or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. AM: The law requires that the death certificate be executed within TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTO be filed within 72 hours IMPORTANT: If Item 28 FOR STATE REGISTRAR

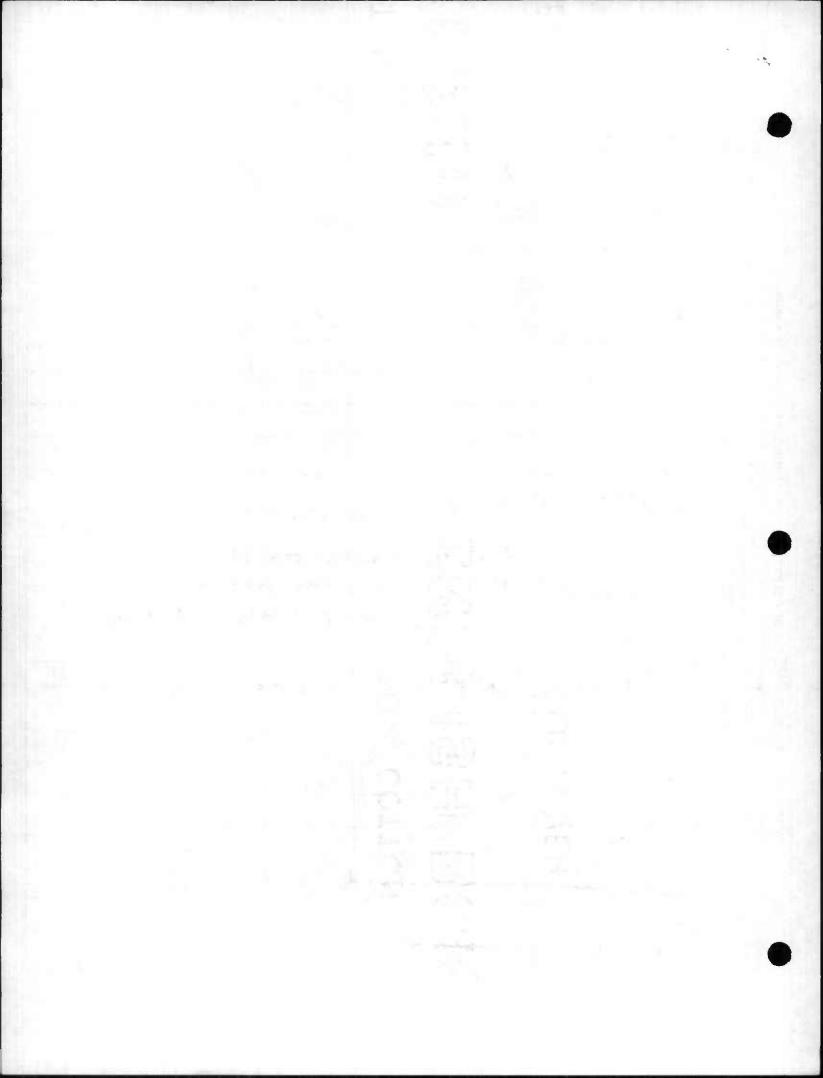
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	IV.	YEAR	3. TIME OF DEATH
	NEIL LAMONT STE	IN		_					October 11			8:00 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)	9.71	8. BIRTHP	LACE (State or Foreign
	215-07-4709	1 🔀 M 2 🗌 F	75	YRS.	BONTING	UATE	HOUNS	MIN.	June 8, 19	17	-	nada
	9e. FACILITY NAME (If not institution, give s.	treet end number)			9b. CITY	r, TOWN	OR LOCAT	ON OF D	EATH	9c. COU	NTY OF DE	ATH
DIRECTOR	Cuppett-Weeks Nur	sing Hom	ie		0a	klar	nd			Ga	rrett	
EC	10s. STATE 10b. COUNTY	1		10c. CI1	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?
	Maryland Gar	rett			0a	klar	nd					1 YES 2 NO
AL	10e. STREET AND NUMBER					10	. ZIP COD	E		10g. CIT	IZEN OF WI	HAT COUNTRY?
ER	Rt. 5 Box 2656						2155	0		US	SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 X Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 AR WAR OR DATES	MED NO		If yes, sp		in, Mexica	NIC ORIGIN? (Specify Yea in, Puerto Ricen, etc.) y:	or No—	14. RACE Black, Specify	- American Indian, White, etc.
0	15. DECEDENT'S EDU		16e. DE	CEDENT'S	USUAL O	CCUPATI	ON		16b. KIND OF BUS	SINESS/IN	DUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Mar.	ive kind of Do NOT u	work done se retired.)	during me	st of worki	ng				
P		3		rine	Surv	reyo:	r		Steel			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Meiden	Surneme)		
BE C	Cecil M. Steir	1					1	Alic	е	Chap	olin	
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING					Route Number, City or Tow		p Code)	
5	Wendy Bauer		Rt	t. 5	Box	26.	56 (akla)	and, Md. 21	1550		
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE other pl Omega	ace)	-		metery, cre	matory or			OWN, V	m, State V. Va.
	21. SIGNATURE OF JUNERAL SERVICE LIC	CENSEE	≠ M00:	167			ND ADDRE		P. 1 Home - Oa		Box 24	
NO	shock, or heert feilure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions,	s. Ph	COR AS A CONSE	O M I	PF):							Interval Between Onset and Death Weljc
CERTIFICATION	if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	С	O (OR AS A CONSE					- Value should be				
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Munic Depressive Disease Dearnormal Times 2 pino 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 pino 1 YES 2 pino 1 UTO									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATH (C/	heck only one)			
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE Nu		ne 6 🗆 R	esidence	6 Other (Specify)			to make Service
BY PHYSICIAN:	27. MANNER OF OEATH 1 Aletural 5 Pending 2 Accident Investigation	26e. DATE O (Month,	F INJURY Day, Year)	26b. TII		28c. IN	JURY AT ORK? YES 2		28d. DESCRIBE HOW	NJURY O	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At he	ome, farm,	street, fac	tory, offi	00		281. LOCATION (Street City or Town, State)		er or Rural Ro	oute Number,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIONE) 2 MEDICAL EXAMINE								e to the cause(s) end ma e time, date and place, er			and menner as stated.
TO BE (291. BIGHARDING AND TITLE OF CENTIFIE	Jann	m		M	12	29c. LIC)2	MBER 5759			(Month, Day, Year) 12 - 92
	30. NAME AND ADDRESS OF PERSON WHEN WALLETE K	Nan	mann	M 27) (Typ	e, Print)	A	CH	den	1 MD	215	2-0	>
3	OCT 1 3 199		AR'S SIGNATURE	ACE								



m	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The few requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this e-minament is a completely filled in by the	moval	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ING	ther	eath	
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- 1	1. DECEDENT'S NAME (First, Middle, Last)	D . 1 D 1		TE OF DEAT		REG. NO.		3. TIME OF DEATH		
	PUTH.	Ruth Rebec	ca Stein	perg	MON		YEAR	GAM		
, j	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		NOER 1 YEAR IF UNDER	24 HRS. 7. DAT	E OF BIRTH		HPLACE (State or Foreig		
4	218-09-2570	1 - M 2 V F 9	2 YRS. MON	THE DAYS HOURS	MIN.	-24-10	Count	"IND.		
œ	9a. FACILITY NAME (If not institution, give at			CITY, TOWN OR LOCATI		9c. 0	OUNTY OF I	DEATH		
OT:	RESIDENCE OF DECEDENT	URSING C	ENTER	Randalls	town		Balt	imore		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY LIMITS?		
	Maryland Carr	·o11	1	New Windso				1 - YES 2 NO		
RA	100. STREET AND NUMBER 907 Green Valley	, DA		10f. ZIP COD	776	10g.	U.S.	WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S.ARMED	13. WAS DECENDENT	F HISPANIC ORIG	IN? (Specify Yea or No-	- 14. RAC	E — American Indian,		
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		If yes, specify Cubs		Rican, etc.)	Spec	ok, White, etc.		
ED B	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S USU	AL OCCUPATION		Bb. KIND OF BUSINESS	INDUSTRY	UHIIZ		
ETE	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work of the Do NOT use retained	ione during most of world	י פר	B. KIND OF BUSINESS	AMOUSTRI			
MPL	6		Sea	amstress		sewin	g fac	tory		
COMPLET	17. FATHER'S NAME (First, Middle, Last)			16. MOT		, Middle, Maiden Suman	10)			
BE	John Addison Harn 19a, INFORMANT'S NAME (Type/Print)	nan	405 4440 000	DE00 (0)	Elsie l		70.0.11			
2	Mary Ann Ricketts			ness (Street and Number Cover Rd.		own. MD 21				
	20g. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF	DISPOSITION (Name		TE 20c. LOCATION		own, State		
	1 Burial 2 Cremation 3 Rame 4 Donation 6 Other (Specify)	oval from State of ce	winters Co	emetery	10,	/12 nr. Ne	w Win	dsor, MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 4	22. NAME AND ADDRE	SS OF FACILITY	D.D. Hartz	ler &	Sons		
	(attarine	V. Harl	ler	Union Br						
CERTIFICATION	Presulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):									
AL C	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Contribution Conditions									
MEDICAL	PART II. Other eignificant condition	e contributing to death but	t not resulting in the	e underlying cause	given in Part I.	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?		
MEDICAL	PART II. Other eignificant condition A A A A A A A A A A A A A A A A A A A	- CANCEL	(Mit)	± MT+	given in Part 1.	PERFORMED?		b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO		
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe	tlent 3 DOA O	26. PLACE OF I	DEATH (Check only	PERFORMED? 1 YES 2 No	D	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	M(t)	26. PLACE OF I	DEATH (Check only anidence 6 0	PERFORMED? 1 YES 2 No	D	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?		
D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Outpe	ttlent 3 DOA 45	28. PLACE OF ITHER: Nursing Home 5 R 28c. INJURY AT WORK? M 1 YES 2	DEATH (Check only anidence 6 0 0	PERFORMED? 1 YES 2 No	OCCURED	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO		
TED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Matural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only CERTIFYING PHYSICAL	HOSPITAL: 1 Inpatient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	telent 3 DOA OT AS 26b. TIME OF INJURY At home, farm, street addge, death occurred at	26. PLACE OF ITHER: Nursing Home 5 R	DEATH (Check only anddence 6 Or 28d. E	PERFORMED? 1 YES 2 No one) ther (Specify) PESCRIBE HOW INJURY OCATION (Street and Nutry or Town, State)	OCCURED	ANALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO		
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Matural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only CERTIFYING PHYSICAL	HOSPITAL: 1 Inpatient 2 ER/Outpate 28e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Special Control of the best of my knowle R: On the basis of examination	telent 3 DOA OT AS 26b. TIME OF INJURY At home, farm, street addge, death occurred at	26. PLACE OF ITHER: Nursing Home 5 R	DEATH (Check only anddence 6 On 28d. E NO 261. L C and due to the red at the time, d	PERFORMED? 1 YES 2 No One) Ther (Specify) DESCRIBE HOW INJURY DOCATION (Street and Numby or Town, State) cause(a) and manner at the and place, and due	OCCURED mber or Rural stated. to the cause	AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH? 1 YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Speci	At home, farm, stree y) At home, farm, stree and/or investigation, in	26. PLACE OF IT HER: Nursing Home 5 R Nursing Home 5 R 29c. INJURY AT WORK? M 1 YES 2 t, factory, office the time, data and place my opinion, death occur M, MC. 29c. LIC	DEATH (Check only asidence 6 0 0 2ed. E No 2ef. L o, and due to the red at the time, d ense number 4 1 18 0 2 8 1 8 8	PERFORMED? 1 YES 2 No. One) ther (Specify) DESCRIBE HOW INJURY DOCATION (Street and Nurty or Town, State) Cause(a) and manner at the and place, and due	OCCURED mber or Rural stated. to the cause	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 No. Route Number, (a) and manner as stated (Month, Day, Vear)		



TO THE HOSPITAL OR ATTENDING PROCESSION TO BE THE CONTROL OF THE CONTROL OF THE HOSPITAL OR ATTENDING PROCESSION. TO THE FUNERAL DIRECTOR. After the control of the contro
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										9	2 2	9762
	1 - FOR STATE REGISTRAR	STATE OF M				T OF H				GIENE G. NO.		
- 0	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATN
	Jeannette	2	A.	Shi	ple	2 4			10	12	92	1:00 a.M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	t birthday)	IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF BIL (Month, Day,		8. BIRTH	PLACE (State or Foreign
1	214-64-8-693	1 🗆 M 2 🗹 F	39	YRS.		UAYS	HOUNS	MINTO,		8 - 52		"Maryland
~	9s. FACILITY NAME (If not institution, give si				9b. CIT	Y, TOWN O				9c. Ct	DUNTY OF DE	EATH
0	Baltimore Count	y Gen. Ho	spital			Rand	lalla	town	1	E	Baltim	ore
<u> </u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c. CIT	Y. TOWN	OR LOCATI	ION					10d. INSIDE CITY
DIRECTOR	Md. E	altimore				ngs M		3				LIMITS?
	10e. STREET AND NUMBER				_		ZIP CODE			10a, C		CHAT COUNTRY?
E	19 Enchante	d Hills H	Road				21	117			U.S.	Α.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT							IIC ORIGIN? (Spe		- 14. RACE	American Indian
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	YES 2 THE	10		If yes, spe 1 YES			n, Puerto Rican,	etc.)	Black Specif	White, etc.
							d to					White
H	15. DECEDENT'S EDUC (Specify only highest grade		(G	ive kind of	work done	during mos	N it of workin	g	16b. KIND	OF BUSINESS/	INDUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 8+)		Do NOT u			- Th-	. 7	Roy	sewood	Cente	r
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1	aryı	and	Stat			ME (First, Middle,			•
		4 - Ob 4 3 -					16. 10011		dred L)	
BE	Albert Franc	18 Shiple		h MAILING	ADDRES	S (Street or	nd Number		Route Number, Cit		Tin Code)	
임	Albert F. Ship	ley										d. 21117
	200 METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo		20b. PLACE	AND DATE	OF DISPOS	SITION /Nac	me of		DATE	20c LOCATION	- City or Tox	wn State
	4 Donation 5 Other (Specify)	wel from State	Meado	matory or o	ther place,	lem.	Park	10/	12/92	Baltim	ore.	Md.
	21, SIGNATURE OF HUNERAL SERVICE LIC	ENSEE	10		22.	NAME AN	D ADDRES	SS OF FAC	CILITY		010,	21117
	1 H. J. Zel	elegial	*						neral (0 1	
	23. PART I. Enter the diseases, or o	omplications that	ceused the de	ath. Do r	ot enter	r the mod	de of dvi	na. such	erstow	r respiratory	OWING	s Mills, Md.
	shock, or heart fellure.	List only one caus	e on each line									interval Between Onset and Death
	diseese or condition	m a la										Citati and Death
	resulting in death)	DUE TO (OR AS A CONSE	DUENCE O	F):	500	-1-		Canc	- 4-1		
z	District and the District and	b										
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE O	F):							
2	CAUSE (Disease or injury	i										
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE O	F):							
		J										
1	PART II. Other aignificent condition	s contributing to d	leath but not r	esuiting	in the u	nderlying	cause g	lven in	Part i. 24a.	WAS AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS
5	Hypertynsi	On.								YES 2 NO		MAJLABLE PRIOR TO COMPLETION OF CAUSE
Ų.									_ ' -	120 120 110		OF DEATH? 1 ☐ YES 2 ☐ NO
ä												
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATN (Che	ck only one)			
Sic	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nu		5 🗆 Re	sidence	6 Other (Spec	olly)		
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF II (Month, Day		28b. TIM	E OF URY	28c. INJU			28d. DESCRIBE	HOW INJURY O	CCURED	
B∀	1 Natural 5 Pending 2 Accident Investigation				М		ES 2 [NO				
ED	3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF building, e	INJURY — At ho tc. (Specify)	me, ferm, a	rtreet, fac	tory, office			28f. LOCATION City or Town	(Street and Numi n, State)	ber or Rural R	loute Number,
	an activities				_							
COMPLET	(Check only	CIAN: To the best of n										
8	2 MEDICAL EXAMINE		mination and/or i	rrvestigatio	n, in my	opinion, de	eth occur	ed at the	time, data and p	lace, and due to	the cause(s)	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICE	NSE NUM	BER	29d. D	ATE SIGNED	(Month, Day, Year)
6	Clothen 1 C	LUMA	un	m	0.		0	290	08-5		10-	12-12
. 1	30. NAME AND ADDRESS OF PERSON WHO	OUMPLE IED CAUSE	UP DEATH (ITE	 Z7) (Type, 	Print)							

8507

32. REGISTRAR'S SIGNATURE

OCT 1 3 '92

LiBuniz

DHMH-18 Rev 1/89

100 pt 10 According to the second . greated a 1750 date of an architecture

BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHOSIGNAL THE TWA requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After the transfer of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF WAAL RECORDS, P.O. BOX 68760,	n certificate be executed within	DIRECTOR: After the transfer of the attending physician and completely filled in by the
AL RECORDS, F	law mquires that the death	as been signed by the atte
ION DE ANT	VOING PHYSICIAN: TH	Affect this Secure
DIVIS	L OR ATTE!	DIRECTOR

The law inquires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host in the signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the signed by the attending physician prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DHECTOR: After the fised within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 his market.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIE	NE
CERTIFICATE OF DEATH	BEG NO)

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPAI	RTMENT OF	HEALTH AND	MENTAL HYGIE		100
	1. DECEDENT'S NAME (First, Middle, Leet)	1.				2. DATE OF DEATH	DAY	YEAR 8:15
	4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
1 8	216-01-4120	1 M 2 MF	96 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
1 8	9a. FACILITY NAME (If not institution, give	atreet and number)		96 CITY TOWN	OR LOCATION OF E			Maryland TY OF DEATH
DIRECTOR	Pikesville Nu	rsing Home			sville			timore
EC	10a. STATE 10b. COUNT	TY .	10c, CF	TY, TOWN OR LOC	ATION			10d, INSIDE CITY
	Maryland 10e STREET AND NUMBER	Carroll		Westmi				1 TYPES 2 NO
FUNERAL	430 East Main	Ctroot			01. ZIP CODE 21157		10g. CITIZ	EN OF WHAT COUNTRY?
N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	0.40000					U.S.A.
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes,	pecify Cuban, Mexic	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	na or No—	 RACE — American Indian, Bleck, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	S	1 🗆 YE	S 2X NO Spec	ffy.		Specify White
8	15. DECEDENT'S EDU	JCATION 16	Sa. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF B	USINESS/INDI	ISTRY
H	(Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during r se retired.)	ost of working			
P.	6		Ho	usewif	е			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				7	AME (First, Middle, Maide	n Surname)	
ш	Harry Sulliva	n			Carri	e Feeser		
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street		Route Number, City or To		Code)
유	Isabelle G. C	owan	430	East M	ain St.	Westmin	ster,	Md. 21157
	20s. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremetion 3 □ Rem		ACE AND DATE	OF DISPOSITION (ity or Town, State
1 3	4 Donation 6 D Other (Specify)	Fi	nksbu	ra Cem	eterv	10/1/4 1	inks	ourg, Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME	IND ADDRESS OF F	ACILITY		21157
	Nancy K.	Heleker		254	E. Mai	Fletcher n St. We	stmin	ster. Md
	23. PART I, Enter the diseases, pr	complications that caused the List only one cause on each	ne death. Do	npt enter the m	ode of dying, su	ch as cardiac or res	olrstory srre	st, Approximata
	IMMEDIATE CAUSE (Final	List only one cause on eecr	i iirie.					Interval Batween Onsat and Death
	disesse or condition resulting in deeth)		THE					
		OUE TO (DR AS A CO	ONSEQUENCE O	F):		`		
Z	Sequentially list conditions,	a en	-sta-	e co	map	coothy		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (DR AS A CO	ONSEDUENCE Q	a):	1			
일	CAUSE (Disease or Injury	C. OUE TO (DR AS A CO	AY					
Ē	thet initieted events resulting in death) LAST	OUE TO (DH AS A CO	ONSEQUENCE D	F):				
빙		d						
4	PART II. Other significent condition	as contributing to death but	not resulting	in the underlyi	ng ceuse given in			24b. WERE AUTOPSY FINDINGS
2						PERFO	RMEO?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDIC							2 0 10	OF DEATH?
								I LES Z-GH NO
A	25. WAS CASE REFERRED TO MEDICAL			28. 1	LACE OF DEATH (C	heck only one)		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie	nt 3 DOA	OTHER:		6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIM	E OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCU	IRED
	1 Natural 5 Pending	(Month, Day, Year)	IN.		ORK? YES 2 NO			
Э ВУ	2 Accident Investigation 3 Suicida 6 Could not be	26e. PLACE OF INJURY —	At home, ferm,			261. LOCATION (Street	and Number o	r Rural Route Number
TED	4 Homicide determined	building, etc. (Specify)				City or Town, State)	Transfer Transfer,
LET	296. CERTIFIER CERTIFYING PHYS	ICIANI. To the band of on board of					Marie and the	
COMPL	(Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowledger: On the basis of exemination an	je, death occurr nd/or investigation	ed at the time, dat on, in my opinion,	e end place, and du death occured at the	to the cause(a) and mi time, data and place, a	inner ee stated ind dua to the	f. couse(s) and manner as stated,
E C	29b. SIGNATURE AND TITLE DF CERTIFIE				29c. LICENSE NU			SIGNEO (Month, Day, Year)
m	50	200			P3-	7577	DATE:	10/17/9>
욘	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type	, Print)	00			110110
	7270 P	ork Heights	Ale.	10 11	5 DW.	BOSI	JOF	Ziben MD
	OCT 1 3 92	32. REGISTRATES SIGNATU	ine indese					

11. Tan &

BALTIMORE, MARYLAND 21215-0020

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The secretary man the death certificate be executed within 24 hours after death. From 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificant was referred by the attending physician and completely filled in by the most death within 72 hours after death with the secretary controlled by Mental Hyglene prior to burial, cremation, or mineral DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Car	oline El	la Smi	th		2. DATE OF		YEAR 1 9 9 2	3. TIME OF DEATH 5:16
	4. SOCIAL SECURITY NUMBER 217-52-6043 9a. FACILITY NAME (If not institution, give sti	1 □ M 2 XX 9	7 YRS. MO	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, 1	BIRTH Day, Year) 05-95	a. Berri	PLACE (State or Foreign ny) ryland
TOR	Kent & Queen Anne				ertown,			Kent.	DEATH
DIRECTOR		Arundel		nnapo					10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	167 East Bay				2140			US.	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2XX10	If yes, sp	ENDENT OF HISP/ ecity Cuben, Mexic 2 X XO Spec	en, Puarto Ric	Specify Yes or No-	14. RACI Blac Spec	E — American Indian, k, White, atc.
PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mo ired.)	st of working	16b. K	IND OF BUSINESS/IN	DUSTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)		но	memak		AME (First Min	Home		
S U	John L. Godda	rd					erine Mo		1
8	19a. INFORMANT'S NAME (Type/Print)		196. MAJLING ADD	RESS (Street a			City or Town, State, 2		-
9	Elizabeth P. E	arly					nnapolis		D 21403
TO BE COM	20e. METHOD OF DISPOSITION VISUALITY 2 □ Cremation 2 □ Remo	val from State 20b.1	PLACE AND DATE OF DI lery, crematory or other p	SPOSITION (Na Nace)	me of	DATE	20c. LOCATION -	- City or To	men, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			D ADDRESS OF F				ral Home
	James		_	147	Duke o				Annapoli
AL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):	+4	ortic	Hax	aryso	ч	ministrs
MEDIC	PART II. Other algoriticant conditions	contributing to death bu	t not resulting in th	e underlylng	j cause given in		PERFORMED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE DF DEATH (C	heck only one)			
YSI	1 TES 2 DINO	1 Inpatient 2 ER/Outpat		HER: Nursing Home	5 🗆 Residence	6 🗆 Other (S	(pecify)		
РНҮ	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU	RK?	28d. DESCR	IBE HOW INJURY O	CURED	
ED BY PHY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specify	- At home, term, street		ES 2 ND		ON (Street and Number fown, State)	er or Rural F	loute Number,
O BE COMPLETED	29s. CERTIFIER (Check only	AN: To the best of my knowled On the basis of examination) and manner as stated
BE	296. SIGNATURE AND TITLE OF CERTIFIER	0111			29c. LICENSE NU	MBER	29d, DA	TE SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print	PFOF	200 2000	W.K	d	017	172
	31. DATE FILED (OCT 0"9 199	2 32 TERISTRAT'S SIGNAT							

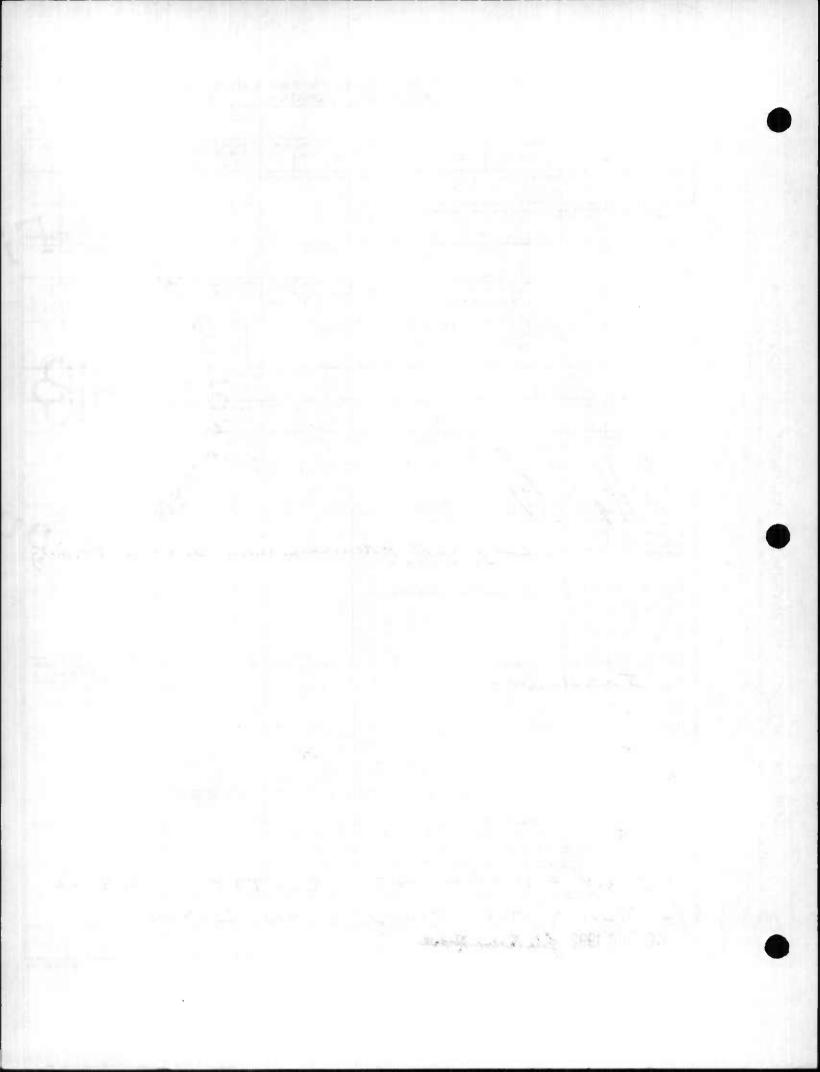
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	Dorothy	Anne	Schmi	.dt			2. DATE OF E	03	92	3. TIME OF DEATH 3:40PM
	4. SOCIAL SECURITY NUMBER 214-54-9504	5. SEX 1 X X 2 G F	6. AGE (In yrs. les		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day		Count	HPLACE (State or Foreign try) [aryland
Œ	9a. FACILITY NAME (If not institution, give a 31 East Lake D:	Marin Marini		96		OR LOCATION OF S		9c. C0	UNTY OF	
DIRECTOR	31 East Lake D: RESIDENCE OF DECEDENT 100. STATE 100. COUNTY			10c, CITY, T	OWN OR LOCA					10d. INSIDE CITY
	MD Anne	Arundel	L	Anr	napoli	L S or. ZIP CODE		La s		LIMITS? 1 YES 2 X X 10 WHAT COUNTRY?
FUNERAL	31 East Lake					21403		- 10	USA	
ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2-	40 WED	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S X X MO Spec	en, Puerto Rican	pecify Yes or No— i, stc.)	14. RAC Blac Spec	E — American Indian, ik, White, etc. White
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Gi	CEDENT'S USING KIND NOT use re HOME	done during m	ost of working	16b. KIN	O OF BUSINESS/III	ome	
COMPL	17. FATHER'S NAME (First, Middle, Last) Orlando J. She							e, Maiden Surname)		'n
TO BE	19e. INFORMANT'S NAME (Type/Print)	b. MAILING AD	ORESS (Street	and Number or Rura	I Route Number, C	ilty or Town, State, i	Zip Code)			
F	Alfred E. Schm	952 E			lford,	OH 45				
	disease or condition resulting in death)	OUENCE OF):	E OF):							
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A CONSEC	GUENCE OF):	he underlyin	ng ceuse given in	n Part I. 24a		Y 24t	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant condition The Sulface of the sul	d	OR AS A CONSEC	GUENCE OF):			1_	. WAS AN AUTOPS: PERFORMED? YES 2 NO	Y 24t	D. WERE AUTOPSY FINDING MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	(OR AS A CONSEC	eaulting in t	26. P	LACE OF DEATH (C	1 [PERFORMED? YES 2 NO	Y 24t	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Y PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 D NO 27. MANNER OF DEATH 1 Netural 5 Pending	d. DUE TO	deeth but not r	eaulting in t	26. P THER: Nursing Nor F 28c. IN.	LACE OF DEATH (C	1 [theck only one) 6 Other (Spi	PERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
TED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 NO 27. MANNER OF DEATH	DUE TO (d	deeth but not r	DOA 4 26b. TIME O INJURY	26. P THER: Nursing Nor F 28c. IN. W 1	LACE OF DEATN (Comma 5 Medidence Juny AT ORK? YES 2 NO	1 [1] Theck only one) 6 Other (Sp	PERFORMED? YES 2 NO ocity) SE HOW INJURY O	OCCURED	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
D BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (d	deeth but not not not not not not not not not no	DOA 4 26b. TIME O INJURY	26. P THER: Nursing Nor F	PLACE OF DEATN (Come 5 Death (1 1 1 1 1 1 1 1 1 1	PERFORMED? YES 2 NO ecity) SE HOW INJURY O N (Street and Numb wn, State)	OCCURED Per or Rural :	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
ETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER Check only 1 CERTIFYING PNYSI	DUE TO (d	deeth but not not not not not not not not not no	DOA 4 26b. TIME O INJURY	26. P THER: Nursing Nor F	PLACE OF DEATN (Come 5 Death (1 1 1 1 1 1 1 1 1 1	PERFORMED? YES 2 NO Octiv) BE HOW INJURY O N (Street and Numb wn, State)	occurred and a second s	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



Home

18. MOTHER'S NAME (First, Middle, Melden Surneme,

Margaret Ribby

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

MEDICAL CERTIFICATION

PHYSIC

BY

COMPLETED

TO BE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate as the burial-transit permit. The filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. De filed within 72 hours after death with the Sam Deat or than the second price of the property of the property of the medical examiner must be notified at once.
--

FOR STATE REGISTRAR

AR

11. MARITAL STATUS

3 X Midowed

10e. STREET AND NUMBER

1 Never Married 2 Married

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

4 Divorced

James Franklin Reynolds

ge (1-4 or 5+)

4. SOCIAL SECURITY NUMBER

1 -

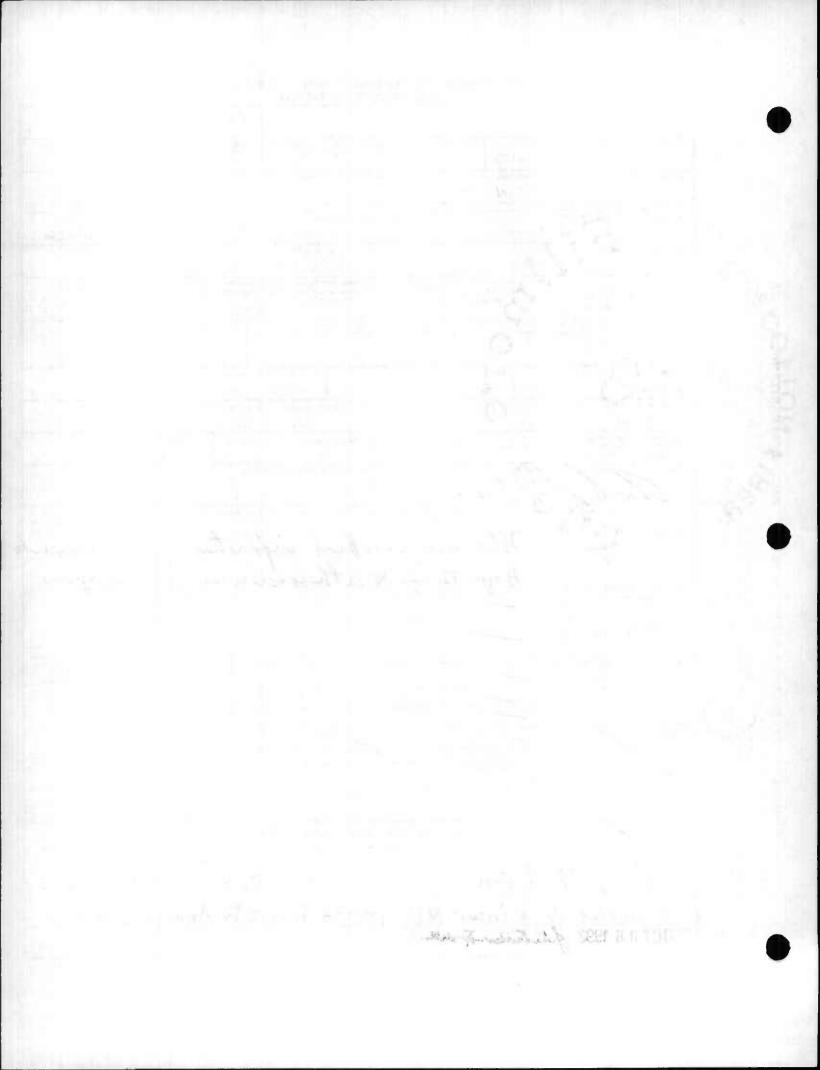
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 10 Frances Caroline Smith 92 04 5 SEX 6. AGE (In yrs. last birthday) IF UNDER t YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 431-19-3319 1 - M XXX F 88 12-30-03 Arkansas 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH DC. COUNTY OF DEATH Pleasant Living Comvalescent Ctr. Edgewater Anne Arundel RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Pulaski Little Rock 1 YES 2 NO 10f. 7IP CODE 10g. CITIZEN OF WHAT COUNTRY? 16 Blue Ridge Circle 72207 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TO THE YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Spe 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Put

1 YES 2 XXO Specify: White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade com

			19b. MAILINO AODRESS (Street end Number or Rural Route Number, City or Town, Stata, Zip Code)						
20a. METHOD OF DISPOSITION 1 Spiriol 2 Cremetion 3 Remov	al from State 20	b. PLACE AND DATE metery, crematory or o	OF DISPO	nover St. Annapolis, MD 21401 SPOSITION (Name of DATE 20c. LOCATION — City or Town, State place)					
4 Donation 6 Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE LICES	1/2	selawn	22	2. NAME AND ADDRESS OF I	FACILITY	8-92 Litt Taylor St. Annap	Fune	ral Home	
23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Mass	d the death. Do	ece	kul in	far	this	st,	Approximats Interval Between Onset and Daeth Wileykeun	
Sequentially liet conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE OF OR AS	A CONSEQUENCE O	F):	atheren	lere	nis		years	
PART II. Other algnificant conditions	contributing to death I	but not resulting	In the u	underlying cause given i	In Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	AVA COS	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
					-		1 [YES 2 NO	
	OSPITAL:	patient 3 🗆 DOA	OTHE 4 No	26. PLACE OF OEATH (C					
27. MANNER-OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	NJURY 266. TIME OF 28c, INJURY AT 284, DESCRIBE HOW INJURY OCCURED							
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm,	street, ta	281. LOCATION (Street and Number or City or Yown, Stete)			Rurel Route	tural Route Number,	
						ouse(s) and manner ea atated		f manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIER	1			and Horner M	Liver	To the same			

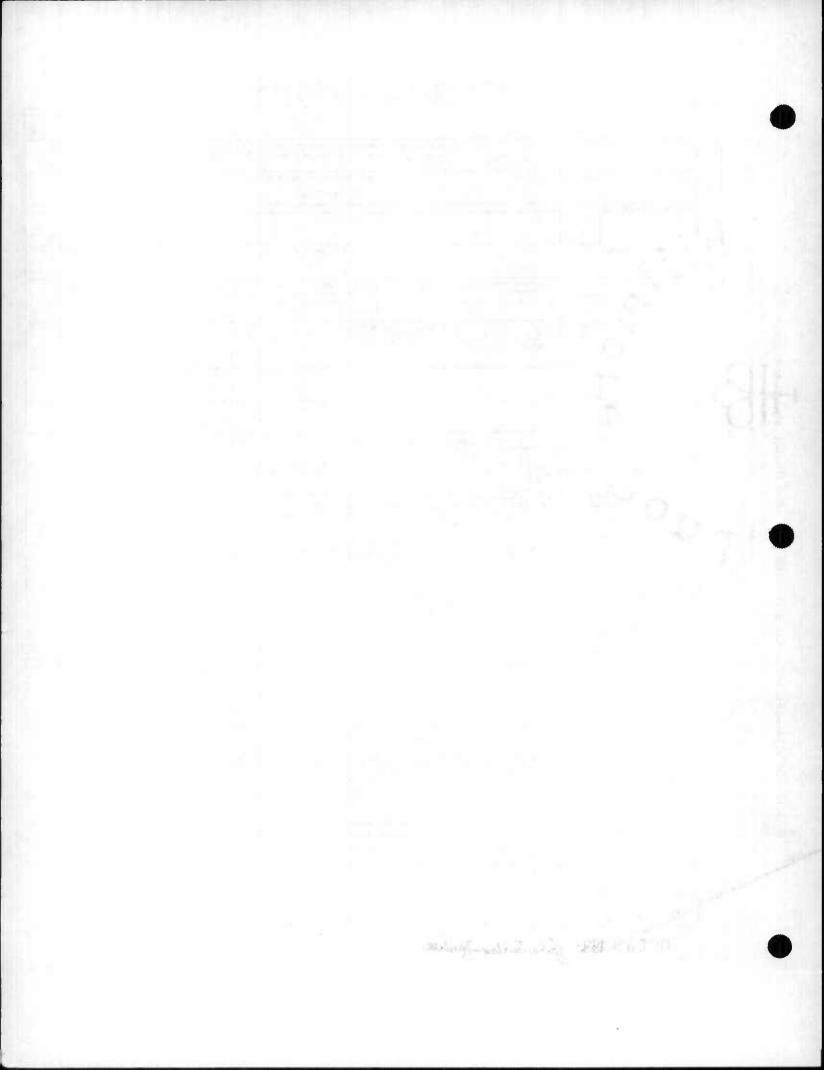
LETER CAUSE OF DEATH (ITEM 27) (Type, Print

Homemaker

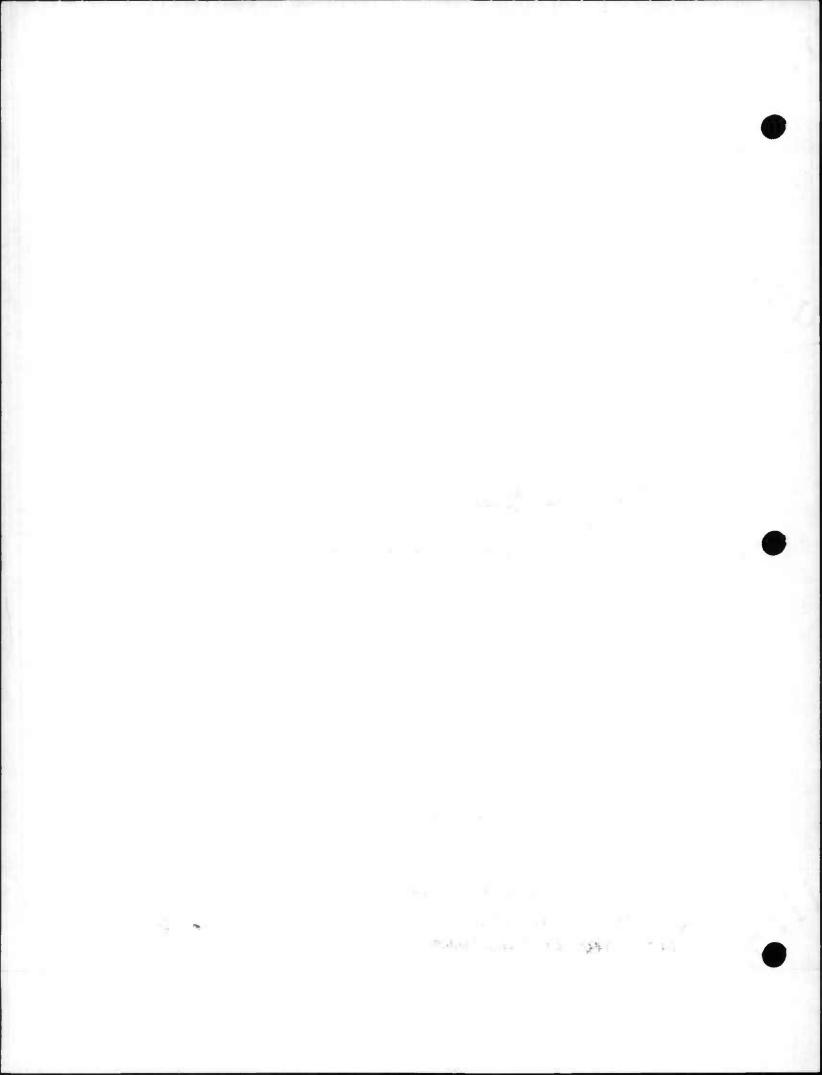


CONTRACTOR OF THE CONTRACTOR O	TO THE HOSPITAL OR ATTENDING PHYSICIA THE HIS THE HEAD THE THE HOSPITAL OR ATTENDING PHYSICIA THE HOSPITAL OR ATTENDING PHYSICIA THE HOSPITAL OR ATTENDING PHYSICIA THE HOSPITAL OR ATTENDING BY THE HOSPITAL OR ATTENDING PHYSICIA THE HOSPITAL P	TO THE FUNERAL DIRECTOR: After this certificies agreement by the amending physician and completely filted in by the funeral director, page 5 should be detached be filed within 72 hours after death with the Salar by the filed within 72 hours after death with the Salar by the filed within 72 hours after death with the Salar by the salar by the filed within 72 hours after death with the Salar by the salar by the filed by	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or either traumatic event, the medical examiner must be notified at once.	
	eath certificat	amending phy-	y, or other	
2000	res that the d	gred by the eath and Me	es any injur	
	The law rech	on Dept. of	Ben 23 offor	
	NG PHYSICIA	ter this certification at with the S	marked, or	
	OR ATTENDI	DIRECTOR: At	item 28 is	
	TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: If	

		CERTIFI	CATE	F DEATH	REG. NO).	
DECEDENT'S NAME (First, Middle, Lest) Hilda	Neff		SINE		2. DATE OF DEATH	1 199	3. TIME OF DEATH 2 4:15 P
578-46-2096	5. SEX 6. AGE	(In yrs. lest birthday) 76 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 12/30/1	8. B	RTHPLACE (State or Forellountry) irginia
e. FACILITY NAME (If not institution, give st hesapeake Mano		0		OR LOCATION OF D		9c. COUNTY C	
RESIDENCE OF DECEDENT	rended	Care	Ar	nold		Anne	Arundel
Maryland Anne	Arundel		napol				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
520 Corbin Par	kwav			2140			OF WHAT COUNTRY?
1. MARITAL STATUS Never Merried 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2- NO	If yes,	ECENDENT DF HISPA	NIC ORIGIN? (Specify Yes, Puerto Rican, etc.)		AACE — American Indian, Black, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)			ork done during retired.)	most of working		JSINESS/INDUSTR	
8 years 7. FATHER'S NAME (First, Middle, Last)		Teleph	ione S			onary	
Owen Tutwiler					ME (First, Middle, Melder Foltz	Surname)	
De. INFORMANT'S NAME (Type/Print)				t and Number or Rural	Route Number, City or Tov	vn, State, Zip Code)
Barbara Sickme				Pkwy.	Annapoli		
Buriel 2 □ Cremation 3 □ Remo Donalion 5 □ Other (Specify)	wal from Stale	o.PLACE AND DATEO patery, crematory or oil OIT Lin	rar placel	Cemeters	Dro	ntwood	14.2
1. SIGNATURE OF FUNERAL SERVICE LIC	PISEE)	/	JOhn	M. Tay	lor Funer	cal Hor	me, 147 ₂₁
Mayne	1 Kup	ky	Duke	of Glo	ucester,	Annapo	olis, Md
equantially list conditions, and any leading to immediate sure. Enter UNDERLYING	Alzhern	CONSEDUENCE OF					
AUSE (Disease or injury hat initiated events esuiting in death) LAST	DUE TO (OR AS	CONSEQUENCE DE):				
ART II. Other significant conditions	contributing to death b	out not resulting in	1 the underly	ng cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 ND
S. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)		
	HOSPITAL:	netlant 2 DOA	OTHER:	me 5 🗆 Beelderee	8 Other (Specify)		
EXAMINER? 1 YES 2 ND	1 Inpatient 2 ER/Out	Patriatit 3 L DOA	and south to	MUR 2 MRRIGALICA	())		
	1 Inpatient 2 ER/Outs 28a. DATE DF INJURY (Month, Day, Year)	26b. TIME	DF 28c. I	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
1 VES 2 ND MANNER OF DEATH Netural 5 Pending	28a. DATE DF INJURY	26b. TIME INJU	DF 28c. I	NJURY AT WORK? YES 2 NO		and Number or Ru	
MANNER OF DEATH Metural 5 Pending Investigation Suicide 6 Could not be datermined Certifier Check only Tending Investigation CERTIFYING PHYSIC	28a. DATE DF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	26b. TIME INJU	DF 28c. IRY M 1 Creet, factory, of	NJURY AT WORK? YES 2 NO Notes Note	28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State,	and Number or Ru) nner as stated.	ral Route Number,
1 VES 2 ND MANNER OF DEATH Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be datermined A CERTIFIER (Check only 2 MEDICAL EXAMINER Do. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE DF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special National Control of the Design of Examination of the Design of Examination of the Design of Examination of the Design of Examinatio	26b. TIME INJU — At home, term, st ledge, dasth occurre n and/or investigation	DF 28c. I	NJURY AT WORK? YES 2 NO Notes Note	28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) Io the cause(s) and ma	and Number or Ru) nner as stated. nd due to the cau	ral Route Number,
MANNER OF DEATH Netural Accident Suicide Homicide CERTIFIER (Check only orne) MEDICAL EXAMINER	28a. DATE DF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special National Control of the Design of axamination of the Design of December 2000)	26b. TIME INJU	DF 28c. I	NJURY AT WORK? YES 2 NO Notes As and place, and due death occured at the	28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) and me Ilme, data and place, an ween	and Number or Ru nner as stated, and due to the cau 29d, DATE SIGN	ral Route Number, se(a) and manner as state



	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICAT			MENTAL HYGIEI REG. NO				
Ţ	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	BENJAMIN 4. SOCIAL SECURITY NUMBER	JAMES 5. SEX 6. AGE (In	SHEPPA yrs. lest birthday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	09/27/92		10:10 AM BIRTHPLACE (State or Foreign		
	217-50-9821 Sa. FACILITY NAME (If not institution, give st	1 [X lk 2 [F	14 YRS. MONTH	DAYS	HOURS MIN.	(Morith, Day, Year) 6 3 1948		SOUTH CAROLINA		
TOR	1006 PRIMROSE			INAPO				ARUNDEL		
DIRECTOR	MARYLAND ANNE	ARUNDEL	10c. CITY, TOWN	POLIS			-	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ERAL	10e. STREET AND NUMBER			101	. ZIP CODE			N OF WHAT COUNTRY?		
FUNE	1006 PRIMROSE RD	APT. 203	US ADMED	WHE DEC	21403	NIC ORIGIN? (Specify Ye		S.A.		
B	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 14 YES IF YES, GIVE WAR OR DAT 1969 - 1971	2 NO	If yes, sp	ecity Cuban, Mexica 2 🔯 XiO Specif	n, Puerto Rican, etc.)	14 or No.—	. RACE — American Indien, Black, White, etc. Specify: BLACK		
LETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e durina ma	ON ast of working	U.S. N	THE CONTRACTOR OF THE	TRY		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	7477	RIGGER			ME (First, Middle, Maide	Sumame)			
TO BE	JOSEPH B. SHEP				nd Number or Rural	ARET SMITH Aboute Number, City or To				
-	ODESSA SHEPPARD 20a. METHOD OF DISPOSITION OCKBURING 2 Cremation 3 Removed	206.1	PLACE AND DATE OF DISP	OSITION (Na	ime of			, MD. 21403 y or Town, State		
	4 Donation 5 Other (Specify)	MAR	(YEAND OVETE		EMETERY O ADDRESS OF FA	10/1/92	CROWN	SVILLE, MD.		
	Lavy	Reese	R	EESE 821 W	& SONS N EST ST.	MORTUARY, ANNAPOLIS	, MD.	21401		
	23. PART I. Enter the diseases, or o shock, or hyart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. NARCOTIC AND	COCAINE INTOX	~		h as cardiac or resp	piratory arres	t, Approximate interval Between Onset and Death		
CATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A (CONSEDUENCE OF):							
	PART II Other glapiticent condition	d	A A							
IN: MEDICAL	PART II. Other significant condition	a contributing to death bu	t not resulting in the	underlying	g cause given in	PERFO	N AUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDINGS ARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TYPES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpet	OTHI		ACE OF DEATH (Ch		DKED	NEAR HOME		
PHY	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28h TIME OF	28c, INJ		28d. DESCRIBE HOW				
BY	1 Netural 5 Pending 2 Accident Investigation	FOUND:9/26/92	fourium A 9:30	1 🗆 1	rES 2 NO	UNKNOWN				
8	3 Suicide 6 CCould not be determined	28e. PLACE OF INJURY - building, atc. (Specific FOUND: IN PAR	,,				and Number of 1006 PF	RIMROSE RD.		
COMPLET		CIAN: To the best of my knowle R: On the basis of examination						ause(s) and menner as stated.		
BE	200. SIGNATURE AND TITLE OF CERTIFIER	- Orker	MO	-	29c. LICENSE NUI		N .	IGNEO (Morith, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Print)		O.C.M.	Pi e	09/	20/22		
	TIA FON LEC	KE MD.	11 DENN	ייז כווחיי	חדול כן וחקד	IMORE, MA	DVI AV	ID 21201		



DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The language in the seath certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate to the national physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Out of the national hydrone prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item a nation of the traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE STATE REGISTRAR	OF MARYLAND		RTMENT OF H			AL HYGIENI	E		
	1. DECEDENT'S HAME (First, Middle, Last) Susan D	SW	ANEK			MOI	TE OF DEATH	100	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY HUMBER 5. SEX	6. AGE (In yrs.		IF UNDER t YEAR			ot. 22			1:12 а м
	170-10-1774 1 1 M 2 5	₹F 82	YRS.	MONTHS DAYS	IF UNDER 24 H	IN. Jul	TE OF BIRTH	010	Penns	CE (State or Foreign
O.B.	90. FACILITY NAME (If not institution, give street end numb Frederick Memorial		1	Pred	erick	OF DEATH		9c. COUHT	y of DEATH	
5	RESIDENCE OF DECEDENT			1200	CLICK			LLC	euer 1	CK
DIRECTOR	Maryland Frederick	10c. CIT	Frederic			10d, INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	591 Winterspice Drive		101. ZIP CODE 10g. CITIZEH OF WH 21702 U.S.A.						COUHTRY?	
3	11. MARITAL STATUS 12. WAS DEC	EDENT EVER IH U.S.	ARMED	13. WAS DEC			SIH? (Specify Yes			American Indien,
BY F	1 Never Married 2 Merried FORCES:	1 YES 2 THE WAR OR DATES	ў но	If yes, sp	2 X NO S	exicen, Puert	o Ricen, atc.)	or No=	Sleck, Wh	White
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		DECEDENT'S (Give kind of u	USUAL OCCUPATION Work done during mo	OH st of working	10	6b. KIND OF BUSI	INESS/IHDU	STRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4	or 5+)	Homen	,						
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER	S NAME (First	, Middle, Melden S	(urname)		
BE	Martin	PEPS1			Anna				VINE	(
10	19a. IHFORMANT'S HAME (Type/Print)			ADDRESS (Street e						
	Mrs. Cathreine Saynuk	5	91 Wi	nterspic	e Driv	ve, Fr	ederick	, Mar	yland	1 21702
	20e. METHOD OF OISPOSITION 1 Surial 2 □ Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	20b. PLAC	EAND DATE	of disposition (Na ther place) Cemeter	me of	OA	TE 20c. LOC	ATION CI	ty or Town, S	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	7.	rear as		O ADDRESS O		1194 30	Talle	л, Ре	anisytvanu
	Lett from Kon	Businer	0706	Keeney	& Bas	sford	P.A. Fu St., Fre	neral	Home	21701
						Interval Batween Onset and Death				
L CER	PART II. Other significant conditions contributing	g to death but not	reaulting I	n the underlying	Cause giver	lo Pert I	24a. WAS AN A	ITTOREY	1 000 1000	E AUTOPSY FINDINGS
PHYSICIAN: MEDICA							PERFORM 1 TYES 2	IED?	COM OF E	LABLE PRIOR TO PLETION OF CAUSE JEATH? YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			28 01	ACE OF DEATH	Chack not	nne)			
SIC	EXAMINER? 1 YES 2 NO 1 Inpatient	2 X ER/Outpatient	3 🗆 🗠	OTHER:						
HΧ		E OF INJURY	28b. TIM	4 Nursing Home E OF 28c. INJU			ser (Specify) ESCRIBE HOW IN.	HIDY OCCU	250	
ВУ Р		nth, Day, Year)	INJ	URY WOI	ES 2 NO		ESCHIBE HOW IN.	JURY OCCUI	RED	
	3 Suicide 6 Could not be 4 Homicide determined	CE OF IHJURY — At h ding, atc. (Specify)	ome, farm, s	treet, fectory, office		26f. LO City	CATION (Street and y or Town, State)	d Number or	Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 X CERTIFYINO PHYSICIAN: To the business of the control of the									manner es stated.
w	29b. SIGNATURE AND TITLE OF CERTIFIER	^			29c. LICENSE				IGNEO (Mon	
0	Jonns	Umeroum	n		D344					
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED								pt. 2	2, 1992
	James Amerena, M.D., 1 31. DATE SLED (MONT), DAY, MONTO, DAY, MON	STRAR'S SIGNATURE	ot DE	ive, rre	uerick	, mar	yland 2	1/02		
	SLF ~ 0 1992 galleril	ichison-Hand	عقال							

Seek Open from

BALTIMORE, MARYLAND 21215-0020	ithin 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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ND	hospital
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ALT	death.
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funeral director, page 5 should be

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BALT	death.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	The law requires that the death certificate be executed within 24 hours after death,
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KECC	requires
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1	NAME
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2	NOME
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	OR.
_	HOSPITAL OR ATTENI

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH OCT. 7, 1992 BENJAMIN SILVERMAN 3:15 P A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Morth, Day, Year) Mar 8, 1914 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 207-09-4748 1 M 2 F Pennsylvania 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1431 Longhill Drive Rockville Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Pennsylvania Allegheny Pittsburgh 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 700 Penn Center Blvd #302 15221 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 XNO Specify: ВУ 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Sales Representative Hosierv 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Samuel Ħ Silverman Lena notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Marc Silverman (Son) 1431 Longhill Drive, Rockville, MD 9 20g. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION -- City or Town, State DATE must Pliskover <u>Cemetery</u> 10-11 Coraopolis, PA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A. et6-13 M00827 933 Gist Ave, Silver Spring, MD 20910 or removal. medical 23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fellure. List only one ceuse on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Final** Metalolic Long Cauca and completely fille burial, cremation, 100 disease or condition resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 6 the atten Mental PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO signed by the im 23 shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO t. of h has be Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 6 - Other (Specify) Sons home 4 - Nursing H 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending investigation M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) * 6 Could not be COMPLETED 28 4 Homicide 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and placs, and due to the cause(s) and manner as stated.

2 MEDICAL FYAMINER: On the heals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE FUNERAL D
TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If IN 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

D39793

2901 Sandy Spring Rd, Olney,

Christopher Mays, M.D. 31. DATE FILED (Month, Day, Year) OCT 08 '92

2

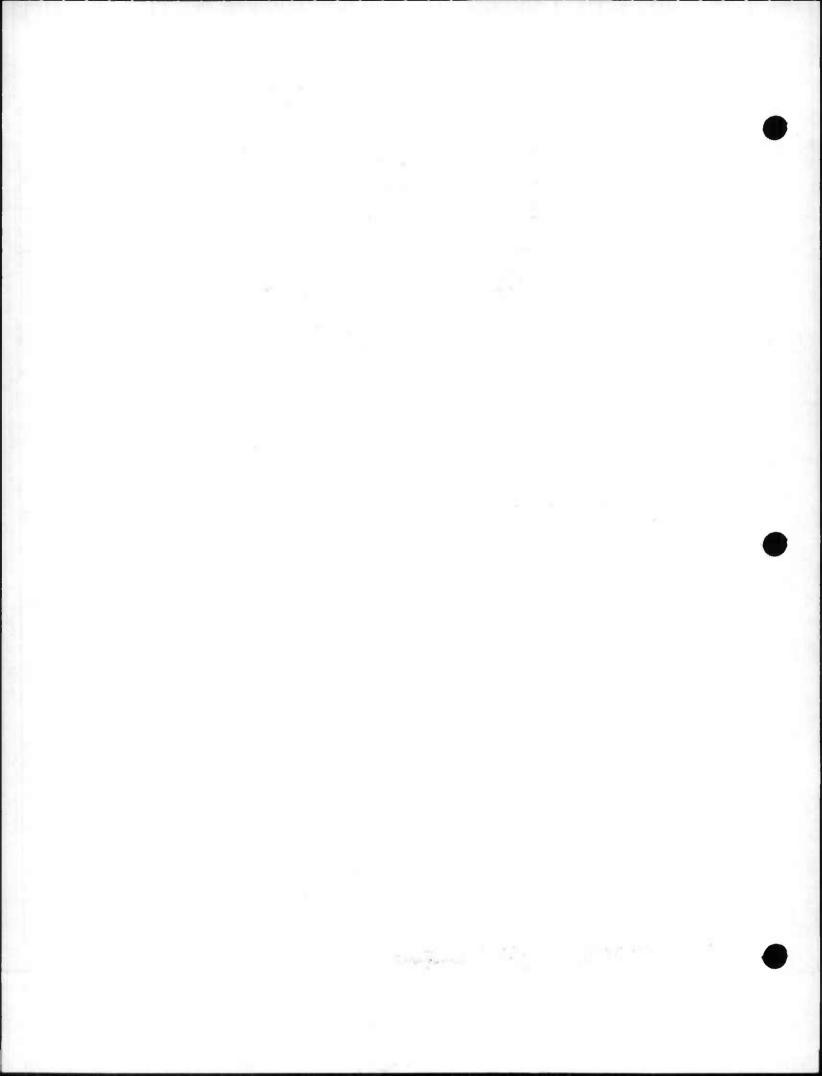
32. REGISTRAR'S SIGNATURE Gulia Davidera

Maysens

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dct 8, 1992

20832



TO THE HOSPITAL OR ATTENDED TO THE PROPERTY OF

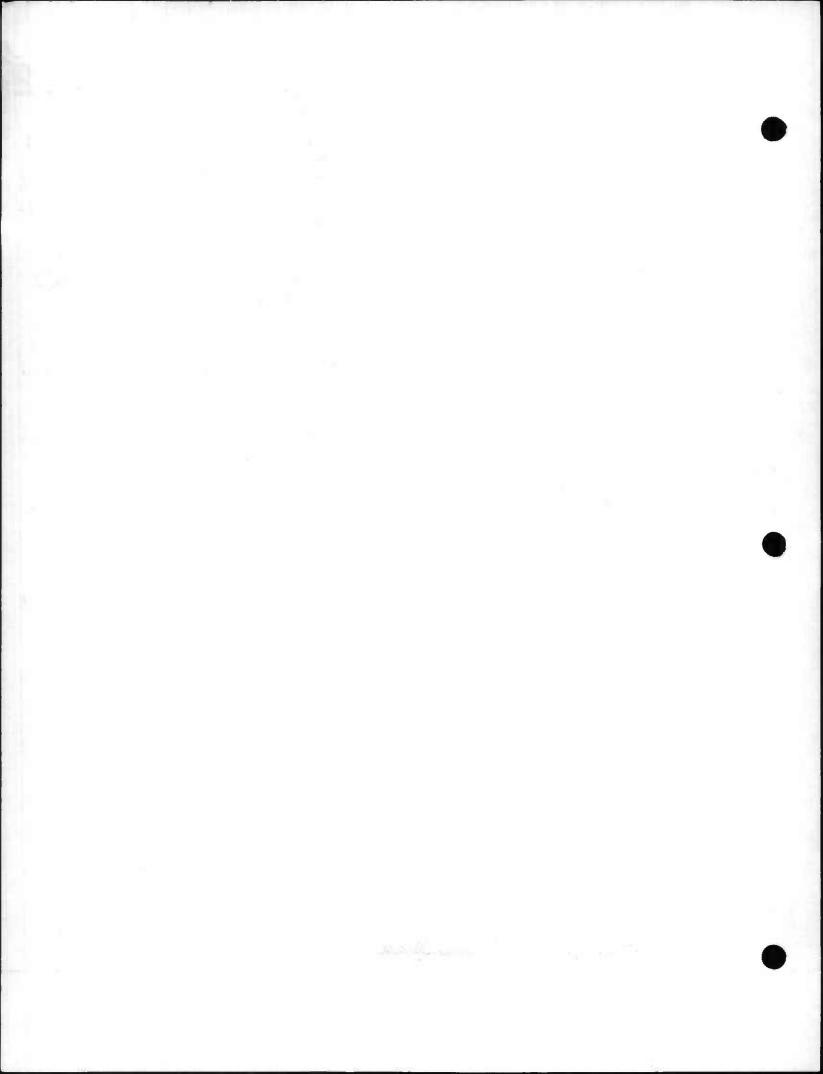
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	-1510	SCHULT	2		2. DATE OF DEATH MONTH	3. TIME OF OEATH	
			E (In yrs. lest birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	4-9	BIRTHPLACE (State or Foreign
	100 20 0257		73 YRS.	ITHS DAYS	HOURS MIN.	(Month, Day, Year,	18	Kansas
TOR	Se. FACILITY NAME (If not institution, give stre CACATON LAWRELL RESIDENCE OF DECEDENT				R LOCATION OF DI	EATH		OF GENRGE'S
DINECTOR		ce bearte		TIJU	LLE			10d. INSIDE CITY LIMITS? 1 YES 2 ND
FUNERAL	100. STREET AND NUMBER	vine Da	IVE #/	K 101	207	05		ed States
2	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S MINO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 21 NO Specif	NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	Yee or No- 14	I. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION empleted) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work ille. Do NOT use ret housewif	done during mo tired.)	DN st of working	16b. KIND OF	BUSINESS/INDUS	STRY
BE	17. FATHER'S NAME (First, Middle, Last) A. H. Oehler 100. INFORMANT'S NAME (Type/Print)		19h MAII ING ADI	DBESS /Swee	Ruth St	ME (First, Middle, Meil Mith Route Number, City or		and all
2	Duane A. Schultz	(son)						Maryland 2068
	20a METHOD OF DISPOSITION 1 Notice 2 Cremation 3 Remon 4 Dignation 5 Other (Specify)	el from State	ob. PLACE OF DISPOSITION Of the Place)	n Ceme	netery, cremetory or tery		LOCATION — CH Brentwoo	od, Maryland
	21. SUMATURE OF FUNERAL SERVICE LICE	Mary	A.					Home, P.A. le, Md. 20705
CERTIFICATION	Sequentially liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	Cardo	ovared	at Di	rease	
N: MEDICAL	PART if. Other algnificant conditions	contributing to death	but not resulting in the	he underlyin	g cause given in		AN AUTOPSY FORMED? B 2/1 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		HOSPITAL:		THER:	LACE OF DEATH (C/	teck only one) 8 Other (Specify)		
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 26b. TIME OF	F 28c, IN.	JURY AT DRIC?	28d. DESCRIBE NO	W INJURY OCCU	RED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, stree pecify)	et, factory, offic		28f. LOCATION (Str City or Town, St	eet and Number of tate)	Rural Route Number,
COMPLETED			owiedge, death occurred at					i. cause(s) and manner as stated.
TO BE	296, SIGNATURE AND TITLE OF CERTIFIER OWNER OF THE SIGNATURE AND ADDRESS OF PERSON WHO	J Depy	ty by eelic AGM INV DEATH (ITEM 27) (Type, Pris	D	29c. LICENSE NU	52	> 10	BIGNED (Month, Day, Year) -4-92
	PAIA DEVOL	44 A	203 Queens	Buty !	Rel Hya	trsville	ms.	2018/
	OCT 07 *92	Julia Bride						3.00

Mary and the Control of

3. TIME OF DEATH

	3	1. DECEDENT'S NAME (First, ANEER	Middle, Last)	НА	MEER		SAMI	JEL	2. DATE OF MONTH	DAY		EAR	TIME OF DEATH	
		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. les	birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	O.	Conf	9 2 BIETTHEL A	11:21 AM	
	- 3	216-64-4561		1 🖳 M 2 🗆 F	26		IONTHS DAYS	HOURS MM.	(Month, L	Day, Year)		Country)		
3 should		9a. FACILITY NAME (If not ins	stitution, give s	**		-	Db. CITY, TOWN	OR LOCATION OF DE		st 12.	9c. COUNTY		sh. D.C.	
2,3	DIRECTOR	SUBURBAN		TAL			BETHE	SDA			MONTO			
ges 1	5	10a. STATE	10b. COUNTY	1		10c. CITY,	TOWN OR LOCA	ATION			-	100	d. INSIDE CITY	
2€	ä	Maryland	Mon	tgomery		Bet	hesda					1[LIMITS?	
E-ed	₹ I	10e. STREET AND NUMBER						of, ZIP CODE			10g. CITIZEN	OF WHAT	T COUNTRY?	
an. ransit	FUNERAL	9804 DePa	aul Dr					20817				JSA		
hysici urial-i	5	11. MARITAL STATUS 1 X Never Married 2	Merried	FORCES? 1	T EVER IN U.S. AR	MED IO	If yes, a	CENDENT OF HISPAI pecify Cuben, Mexica	in, Puerto Ric	Specify Yes o an, etc.)	IF No- 14.	RACE — A	American Indian, hite, etc.	
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transit permit. Pages 1, 2, at once.	BY	3 Widowed 4 Divo		IF YES, GIVE V	AR OR DATES"		1 🗌 YE	S 2 NO Specif	y:			Specify:	sian	
215 attencise as	CD.	15. DECI (Specify only	EDENT'S EDUC	CATION completed)			SUAL OCCUPATI		16b. K	IND OF BUSI	NESS/INDUS		Dicti	
21 for u	LET	Elementary/Secondary (0-		College (1-4 or 5) Ho.	Do NOT use i	retired.)	-						
AND he hospit detached	COMPLE			4	Mar	ketin	g Repre					1 L1	fe Ins.Co.	
MARYLAND retained by the hospit 5 should be detached notifiled at once.		17. FATHER'S NAME (First, Mi						18. MOTHER'S NA						
MARYL retained by 5 should be notified at	BE	19a. INFORMANT'S NAME (7)			198	MAILING A	ODRESS (Street	and Number or Pural	P. Ji	vanano	Iham State Zio Co	rde)		
be reta ge 5 sh	2	Parkash Sa	amuel		T I			Dr. Beth				00,		
RE, nay be page		20a. METHOD OF DISPOSITE 1 Burlal 2 Cremation	ON	and the State	20b. PLACE	ND DATE OF	DISPOSITION (N		DATE		ATION — City	or Town,	State	
AOR pe 6 ma irector, p		4 Donation 5 Diffher	(Specify)	1	Ft.Li	netory or othe	Cremat	cory 1	0/8/9	2 Bren	twood	.Md.		
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		Ft.Lincolc Crematory 10/8/92 Brentwood, Md. 1. SIGNATURE OF A HERAL SERVICE CICENSEE 1. SIGNATURE OF A HERAL SERVICE CICENSEE 1. Hines/Rinaldi Funeral Home												
SAL or deat al.		* / Milu	2/4	EMANO	~		11800	New Ham					ring, Md.	
B, ted within 24 hours after completely filled in by the fall cremation, or removal a cremation, the medical		23. PART I. Enter the dishock, of he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart failure, I	List only one cau	ise on each ilne			ode of dying, suc	h as cardia	c or respire	itory arrest	,	Approximate Interval Between Onset and Death	
SOX 687(ste be executed ysician and con prior to burial.	CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury.												
P.O. th certification of or oth	ERTIF	that initiated events resulting in death) LAST	,	DUE 10	(OR AS A CONSEC	DUENCE OF):								
S 0 0 5 5		PART ii. Other significan	nt condition	s contributing to	death but not n	esuiting in	the underlying	ng cause given in	Part I. 2	4a. WAS AN A		24b. WE	RE AUTOPSY FINDINGS	
RECORDS, requires that the dearest signed by the att of Health and Menta shows any Injury,	MEDICAL								_ '	PERFORM		COI OF	NLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
Z 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	AN	25. WAS CASE REFERRED TO	MEDICAL				26 P	LACE OF DEATH (Ch	ack only one)					
Harrie A	SIC	EXAMINER?		HOSPITAL:	XER/Outpatient 3		OTHER:	me 5 🗆 Residence		Panolful				
O THE S	PHYSICIAN:	27. MANNER OF DEATH	Pending	28a, DATE OF (Month, D	INJURY lay, Year)	28b, TIME (OF 28c. IN	JURY AT ORK?		1000	N MO	FORC	YCLE/	
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is man	ED BY	2 Accident 8	nvestigation Could not be	28e. PLACE O	3 - 1992 FINJURY - At ho	9:00 me, ferm, stre		YES 2XXNO	28f. LOCATI	ON (Street an Town, State)	d Number or i		O IMPACT	
DIVISION ON ATTENION STEPRING ATTENION STATE IN Item 28 Is		200 CENTIFIED	determined			N ST								
- 보기오늘	COMPLET							e end place, and due death occured at the				ause(e) en	d manner ee stated.	
TO THE HOSPIT TO THE FUNERA be filed within 7	BE	296, SHOWATURE AND TITLE	OF CERTIFIER	re Shel	e			O . C . M .	Mark.				1992	
1	2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE									
		31. DATE FILED (Month, Day, 1	mer)	32. REGISTRA	IR'S SIGNATURE	Pen	n Str	eet, Ba	TITU	ore,	mary.	Land	21201	
		ULI U/	92	June	ment again	-								



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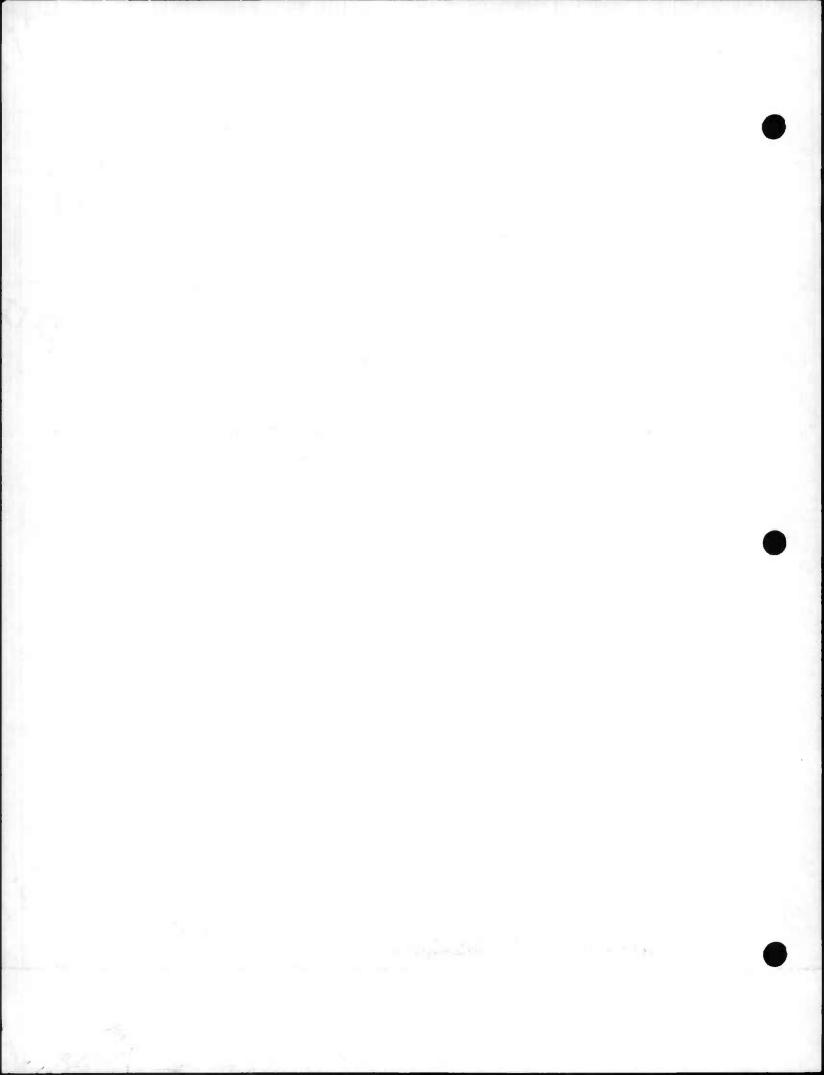
STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH A MONTH. ERMON N GMAL 7. DATE OF BIRTH (Month, Day, Year) 8/04/07 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 579-01-3010 1 X M 2 | F N. Carolina use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH Shad Adventist DIRECTOR Grove Hospi a Rockville Montgomery RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY faryland Silver Spring Montgome ry 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15101 Interlachen Drive, Apt. 717 20906 United States 24 hours after death. Page 6 may be retained by the hospital or attending physician, y filled in by the funeral director, page 5 should be detached for use as the bunial-tran 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: tt. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED RACE - American Indian, BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Auditor Safeway Food Stores 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Henry Sigman Nannie Derr Ti BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 20306 Mrs. Annie Lou Sigman 15101 Interlachen Dr. Apt. 717 Silver Spring, 0 20a. METHOD OF DISPOSITION

1 X Burlal 2 Cromation 3 R

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must retery, crematory or other place)
Ft. Lincoln Cemetery 10/6/92 Bladensburg, Maryland examiner 21. SIGNATURE OF FUR 22. NAME AND ADDRESS OF FACILITY completely filled in by the funeral rial. cremation, or removal. Hines-Rinaldi Funeral Home, 1800 New Hampshire Ave. Silv. Spg Md. 20904 medical 23. PART I. Inter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ock, or heart failure. List only one cause on each line. interval Betw IMMEDIATÉ CAUSE (Final Onset and Death traumatic event, the disease of condition mquites that the death certificate be executed within resulting in death) RECORDS, P.O. BOX 68760, DUECTO prior to burial, o CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING attending physician ntal Hygiene prior to CAUSE (Disease or injury other DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Mental 2 injury. 2 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24s. WAS AN AUTOPSY signed by the shows any of Health 1 TES 2 NO 1 YES 2 NO PHYSICIAN: DIVISION OF VITAL 里 25. WAS CASE REFERRED TO MEDICAL SAN: The 26. PLACE OF DEATH (Check only one) Item HOSPITAL: 1 YES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) ä 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY O THE HOSPITAL OR ATTENDING PHYSICS OF THE FUNERAL DIRECTOR. After those of field within 72 hours after death with MPORTANT. If them 28 is marked. marked. Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, lerm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated, TO THE HOSPITAL
TO THE FUNERAL
De filed within 72 IN 296. SIGNATURE AND TIPLE OF CERT 126588 9 CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) PP

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



his been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the signed by the attention of the sith and Mental Hygiene prior to burial, cremation, or removal. 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING MISTORY THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR:

TO THE FUNERAL DIRECTOR:

Den signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after the second of DIVISION OF WITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTME ERTIFICA	NT OF I	HEALTH AND		IYGIENE IEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF		YEAR	3. TIME OF DEATH
		5. SEX 6. AGE (In yrs. la.	at hirthday) IF UN	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF 8	S	92	(Z J - B M
	578-46-6326	1 □ M 2 X F 94	YRS. MONTH		HOURS MIN.	June	26,1898	Can	HPLACE (State or Foreign ry)
or	9a. FACILITY NAME (If not institution, give street				OR LOCATION OF E	DEATH	9c. COL	INTY OF D	EATH
DIRECTOR	Greenbelt Nursing	Center	G	reent	elt		Prin	ice G	eorge
RE	10a. STATE 10b. COUNTY		10c. CITY, TOW		TION				10d. INSIDE CITY
	Maryland Pr. G	eorge	Greenb						1X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE				WHAT COUNTRY?
NE	7010 Greenbelt DR.	A MAC DECEMENT CHES AND A			20770			U.S.	Α.
BY FU	1 Never Married 2 Married 3 X Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES	MED GO	If yes, sp	ENDENT OF HISPA ecify Cuban, Mexic 2 X NO Spec	an, Puerto Ricar	pecify Yea or No— i, atc.)	14. RACE Black Speci	E — American Indian, k, White, etc.
	15. DECEDENT'S EDUCAT								ite
COMPLETED	(Specify only highest grade co.	mpleted) (G	ECEDENT'S USUAL live kind of work do Do NOT use retired	ne during mo	ON ast of working	16b. KIN	D OF BUSINESS/IN	DUSTRY	
PLI	12	College (1-4 or 5+)	mer & o		or		guest ho	11150	
OM	17. FATNER'S NAME (First, Middle, Last)			porac			e, Meiden Sumame)	use	
BE C	Colin C. Stewart					Goldsmi			
TO B	19a, INFORMANT'S NAME (Type/Print)	19	b. MAILING ADDRE	SS (Street a	nd Number or Rural	Route Number, C	City or Town, State, Zi	p Code)	
F	Virginia Sherwood	d 62	285 Whis	tler'	s Place	, Waldo	rf, Md.	2060	3
	20a. METHOD OF DISPOSITION 1 □ Buriel 2 🎖 Cremattor 3 □ Remove	20b. PLACE	AND DATE OF DISP	OSITION (Na	me of	DATE	20c, LOCATION -	City or To	wn, Stata
	4 Donation 5 Other (Specify)	Metro	politan	Crem	atory 1	0-7-92	Alex.,	Va.	
	21. SIGNATURE OF UNERAL SERVICE LIDER	1//	2	2. NAME A	ID ADDRESS OF F	DeVo	1 Funera	1 Ho	me
	John - N	elof		2222	Wiscons:	in Ave.	,N.W.,Wa	sh.,	
	23. PART I. Enter the diseeses, or con shock, or heart fellure. Lis	npilications that caused the de it only one ceuse on each line	eth. Do not ent	er the mo	de of dying, au	ch sa cardiac	Or reapiratory ar	reet,	Approximate
	IMMEDIATE CAUSE (Finel	Λ							Onset and Death
	disease or condition resulting in death)	HOUTE DU	rmon	LALY	2m	Bows			todde
									Lucelis
0 N	Sequentially list conditions, b.	Hip from	DUENCE OFI						2 weeks
SAT	if any, leading to immediate cause. Enter UNDERLYING	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
IF	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF):						
CERTIFICATION	resulting in deeth) LAST								
	PART II. Other eignificent conditions of	contributing to death but not r	equiting in the	underhalne	o company to the company to	Bart I av	WM 0 444 41 TO 10 10 10 10 10 10 10 10 10 10 10 10 10		
CAL	40 000	Denne		diaditying	couse given in	Part 1. 248.	PERFORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ED	Chronic	Lastura.	-00			1	YES 2 HO		OF DEATH?
2	- con yes from	e avoicency-	ofcom	4		-			1 TES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	neck only one)			
Sic		OSPITAL: □ Inpatient 2 □ ER/Outpatient 3	DOA 4 DA	EB:	e 5 ☐ Realdence		nc/fu)		
표	27. MANNER OF BEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ	URY AT		E NOW INJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(moral, day, rour)	M		RK? 'ES 2 NO				7
	3 Suicide 8 Could not be	28s, PLACE OF INJURY — At ho building, etc. (Specify)	ma, farm, street, fa	ictory, office		28f. LOCATION City or Tox	N (Street and Number	or Rural R	loute Number,
	4 Homicide detarmined						,		
P	29a. CERTIFIER 1 SERTIFYING PHYSICIAL	N: To the best of my knowledge, de	ath occurred at the	time, date	and place, and dus	to the cause(s)	and menner ea stat	led.	
COMPLETED	one) 2 MEDICAL EXAMINER: 0	On the basis of atamination and/or i	nveatigation, in my	opinion, de	enth occured at the	time, data and	place, and due to th	e cause(a	end menner as stated.
BE	296. SIGNOPERE AND TITLE OF CENTREE				29c. LICENSE NU	MBER	29d, DAT	E SIGNED	(Mogh, Day, Year)
10	1844 willer				192				
	30. NAME AND ADDITIESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM	7)0 (Type, Print)	0111	ne (K	Dr 1	00000	th.	0 10220
	31. DATE FILED (Month, Day, Year) 007 07 92	32. REGISTRAR'S SIGNATURE	Dark see	MIW	7		1001900		4 44 10
	-31 01 32		The state of						

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FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

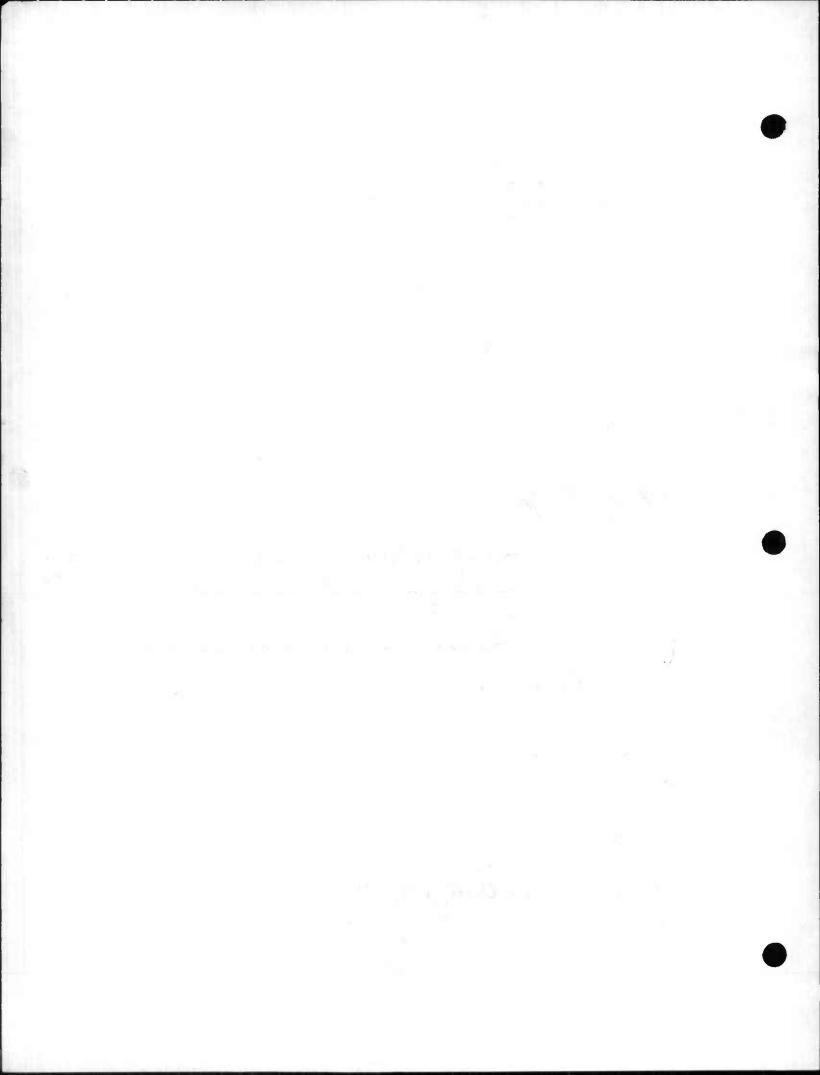
	REGISTRAR CERTIFIC	CATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH
- 2	MARYLAND ORT SCHUMANN		MONTH PAY	1992 10:20 P _M
-	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	214 16 2883 1 D M 2 DXF 77 YRS.	ONTHE DAYS HOURS MIN.	(Month, Day, Year) 05-20-15	MARYLAND
-	at ones	96. CITY, TOWN OR LOCATION OF DE		OUNTY OF DEATH
DIRECTOR		CUMBERLAND, MARY	TLAND ALI	LEGANY
S I	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY 10c CITY	TOWN OR LOCATION		10d. INSIDE CITY
E I		VALE		LIMITS?
	10g. STREET AND NUMBER	101, ZIP CODE	1 40-7	1) YES 2 NO CITIZEN OF WHAT COUNTRY?
BY FUNERAL	382 NATIONAL HIGHWAY	21502		I.S.A.
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPAN		- 14. RACE — American Indian, Black, White, etc.
	1 Never Married 2 Married 3 Widowed 4 Divorced Never Married 2 FORCES? 1 YES 2 NO FYES, GIVE WAR OR DATES	If yes, specify Cuben, Mexicar 1 YES 2 NO Specify.		Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S U	SUAL OCCUPATION	16b. KIND OF BUSINESS/	INDUSTRY
H.	College (1-4 Or 5 +)	rk done during most of working retired.)	MULTIPL	.E
AP.	1 BOOKKI	EEPER	BUSINES	SES
Ö	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAM	ME (First, Middle, Maiden Surname	o)
BE (CLARENCE G. ORT	MARGA	RET McFARLA	. NE
10 B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING A	DORESS (Street and Number or Rural A	loute Number, City or Town, State,	Zip Code)
F	LEWIS R. SCHUMANN 200-B	MONROE ST., R	OCKVILLE, M	D 20850
73	20a, METHOD OF DISPOSITION 1 (A Burlal 2 Cremation 3 Removal from State 20b, PLACE AND DATE OF Commetory, crematory or other	a mineral		— City or Town, State
	4 Donation 5 Other (Specify) ZION MEM (21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ORIAL PARK 60		ERLAND, MD
	10 /h 1 (b) (1 1	George-Upchi	irch Funera	1 Home, P.A.
	Heray 91 Trachines	202 Greene &	t., Cumber	land, MD 21502
	23. PART I. Enter the diseases, or complications that caused the death. Do not shock, or heart failure. List only one cause on each line.	t enter the mode of dying, such	as cardiac or respiratory	arrest, Approximate
	IMMEDIATE CAUSE (Final	1 .17		Interval Between Onset and Death
	disease or condition resulting in death)	7 Jen Kur	2 .	24 04 7
	DUE TO (OR AS A CONSEQUENCE OF):		_	, Teau
NO NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):	- restriction	u Julma	18 OSE
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING		U	`
윤	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE-QF):			
토	resulting in death) LAST	a Rue 4754	2. 412	İ
CE				9
	PART II. Other significant conditions contributing to death but not resulting in	the underlying cause given in i	Part I. 24s. WAS AN AUTOPS PERFORMED?	SY 24b. WERE AUTOPSY FINDINGS
DICAL	arables		1 YES 2 NO	COMPLETION OF CAUSE
ME				1 TES 2 NO
Y N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (Che	ck only one)	
Si	1 The a Ethio	OTHER:	8 Other (Specify)	
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) INJURY	OF 28c, INJURY AT WORK?	28d. DESCRIBE HOW INJURY	OCCURED
ВУ	1 Natural 5 Pending 2 Accident Investigation	M 1 YES 2 NO		
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, stribuliding, etc. (Specify)	net, factory, offics	28t. LOCATION (Street and Num City or Town, State)	iber or Rural Route Number,
ETE	4 Homicide determined			
PLI	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred	at the time, data and place, and due	to the cause(s) and manner as i	stated.
COMPLETED	one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation,			
ш	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUM	BER 29d. C	DATE SIGNED (Month, Day, Year)
0	(XDY) MO MONING	D1752		10-12-92
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) 1900, P.	rint)		
į		RIVE. CUMBERLAND	, MD 21502	
1	31. DATE FILE O WATER OF THE STREET OF THE S			

detached for use as the burial-transit permit. Pages 1, 2, 3 should the hospital or attending physician. MMR YLAND 21215-0020

BALTIMORE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mm. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must DIVISION OF VITAL RECORDS, P.O. BOX 68760,

12

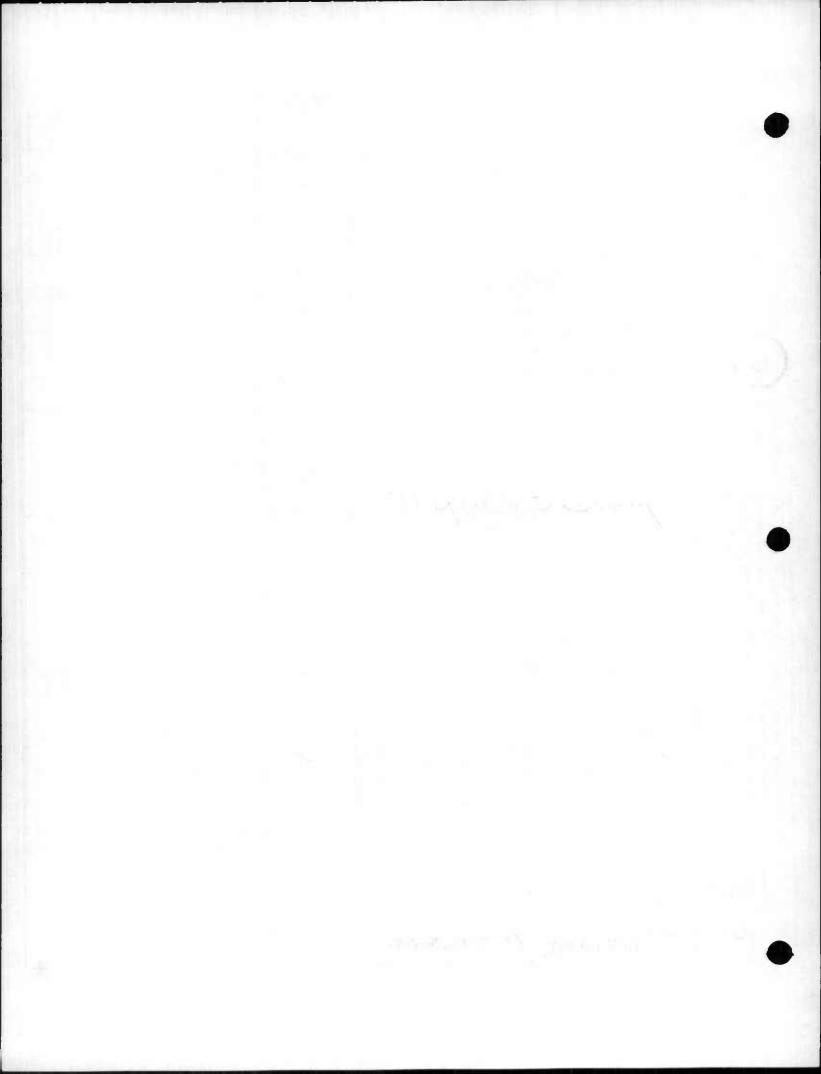


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This certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should 📻 💦		
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CAL DIRECTOR: After TO	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	
\$	2	

FORCES? IF YES, GIVE ENT'S EDUCATION ghest grade completed) College (1-4 or 5 is, Last) ther Shanhol Print) Co. Ullery S Removal from State sectly) ERVICE LICENSEE Basea, or complications the tellure. List only one call.	ENT EVER IN U.S. AI 1 YES 20 WAR OR DATES 16a. DI 5+) 172 20b. PLACE competency, cr. Sunse	Inc. CITY, CUI ARMED NO DECEDENT'S US Give kind of work to Do NOT use Tetire The Do Not use T	TOWN OR LOC TOWN OR LOC TOWN OR LOC TOWN OR LOC TOWN OR LOC TOWN OR LOC TOWN OR LOC TOWN	HOURS MINN. HOR LOCATION OF Extland ATION	PANIC ORIGIN? (Specify Icen, Puerto Rican, etc.) PANIC ORIGIN? (Specify Icen, Puerto Rican, etc.) If the KIND OF E Ste NAME (First, Middle, Meldle, Cite Morela If Pouto Number, City or R Cresaptown DATE 10-15 FACILITY Funeral Hon	90.8 9c. COU A 10g. CIT U fres or No— BUSINESS/INI el Co an Surname) and cown, State, Zig n, MD Occation— Cumbee	a. BIRTHP Country WV INTY OF DE 11ega IZEN OF WH SA 14. RACE Black, Specify DUSTRY DUSTRY Code) 21502 City or Townrland	10d. INSIDE CITY LIMITS? 1 YES 2 NO HAT COUNTRY? American Indian, White, atc. White						
Wiew Motel DENT DE. COUNTY Allegany View Motel 12. WAS DECEDE FORCES? IF YES, GIVE ENT'S EDUCATION ghest grade completed) College (1-4 or 5) Ather Shanhol College (1-4 or 5) The Complete Compl	84 ENT EVER IN U.S. AI 1 YES X WAR OR DATES 16a. DI 5+) 172 20b. PLACE competery, cr. Sunse	Inc. CITY, CUI ARMED NO DECEDENT'S US Give kind of work to Do NOT use Tetire The Do Not use T	DORESS (Street McMull Disposition) for place of Cum Cum Cum Cum Cum Cum Cum Cum Cum Cum	HOURS MINN. HOR LOCATION OF Extland ATION	PANIC ORIGIN? (Specify Icen, Puerto Rican, etc.) PANIC ORIGIN? (Specify Icen, Puerto Rican, etc.) If the KIND OF E Ste NAME (First, Middle, Meldle, Cite Morela If Pouto Number, City or R Cresaptown DATE 10-15 FACILITY Funeral Hon	9c. COU A 109. CIT U 109. CIT U 109. CIT O 109. CI	DUSTRY Country Country WW Private Description Code Cod	ATH ANY 10d, INSIDE CITY LIMITS? 1 YES 2 NO HAT COUNTRY? American Indian, White, stc. White						
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Allegany View Motel 12. Was DECEDE FORCES? IF YES, GIVE ENT'S EDUCATION (phest grade completed) College (1-4 or 5) ther Shanhol (Print) D. Ullery 3 Removal from State (college) ERRYCE LICENSEE Base, or complications the tellure. List only one called a. Art	YES WAR OR DATES 16a, DI ((()) (()) (()) (()) (() (()) (() () (() ()	ARMED NO PECEDENT'S US GIVE BILLING AND ATLI	13. WAS DE IT YES. 1 1 1 YES. 1 1 1 YES. 1 1 1 YES. 1 1 1 YES. 1 1 1 YES. 1 1 1 YES. 1 1 1 YES. 1 1 1 YES. 1 1 1 YES. 1 1 1 YES. 1 1 1 YES. 1 1 1 YES. 1 1 1 YES. 1 1 1 YES. 1 1 1 YES. 1 1 1 YES. 1 1 1 YES. 1 1 YES. 1 1 YES. 1 1 YES. 1 1 YES. 1 1 YES. 1 1 YES. 1 1 YES.	101. ZIP CODE 21502 ECENDENT OF HISP specify Cuben, Maxi s 22 No Specify TION nost of working 16. MOTHER'S NO Pel and Number or Rura en Hwy. Vame of Park AND ADDRESS OF I rpelli F sherland.	Ican, Puerto Rican, etc.) Italian in the company of the company o	U U susiness/ini el Co en surrame) and pown, State, Zien, MD cocation — Cumbe	IZEN OF WHESA 14. RACE Black, Specify DUSTRY 20 Code) 21502 City or Tow reland	LIMITS? 1 YES 2 NO HAT COUNTRY? — American Indian, white, atc. White						
12. WAS DECEDE FORCES? IF YES, GIVE ENT'S EDUCATION ghest grade completed) College (1-4 or 5) ther Shanhol Print) D. Ullery 3 Removel from State sectly) ERVICE LICENSEE Base, or complications the tellure. List only one call.	YES WAR OR DATES 16a, DI ((()) (()) (()) (()) (() (()) (() () (() ()	DECEDENT'S US Give kind of wor te. Do NOT use Tetire 96. MAILING AI 14910 EANDDATE OF TEMPISOR OF OTHER CASH DO DOT	DDRESS (Street MCMull Disposition (F) place) 22. NAME / SCA CUITT	21502 ECENDENT OF HISP appecity Cuban, Maxis 2X NO Specific Cuban, Maxis 2X NO Specific Control of Working 18. MOTHER'S NO Del and Number or Rura en Hwy. Warne of Park AND ADDRESS OF I rpelli F aberland.	Ican, Puerto Rican, etc.) Italian in the company of the company o	U U susiness/ini el Co en surrame) and pown, State, Zien, MD cocation — Cumbe	14. RACE Black, Specify DUSTRY DUSTRY Code) 21502 City or Townrland	- American Indian, White, atc. White 2						
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college (1-4 or 5 college (1-4	tz 20b. PLACE camelery, cr. Sunse	Give kind of worke, bo North use in the control of	DDRESS (Street MCMull DISPOSITION (F OF DISC) SCA CUM	18. MOTHER'S POPULATION OF THE PARK AND ADDRESS OF LEPELLI F. BEELLAND.	Ste NAME (First, Middle, Meldle Lacie Morela of Route Number, City or R Cresaptown DATE 10-15 FACILITY Funeral Hon MD 21502	el Co en Surname) and own, State, Zip n, MD ocation— Cumbe:	o Code) 21502 City or Tow rland	n, Stata						
ther Shanhol O. Ullery The state of the st	20b. PLACE camelery, cr. Sunse	96. MAILINO AI 14910 EANDDATE OF PRINTING AI THE MEMORIAL OF	DDRESS (Stroot MCMull DISPOSITION (F OTTlal 22. NAME / SCA	Del and Number or Aura en Hwy. Name of Park NAMO ADDRESS OF I rpelli F aberland.	NAME (First, Middle, Meldle Cie Morela el Route Number, City or R Cresaptown DATE 20c. I 10-15 FACILITY Funeral Hon	en Surname) and own, State, Zip n, MD ocation — Cumbe:	21502 City or Tow rland	n, Stata						
D. Ullery 3 Removal from State eachy ERVICE LICENSEE Basea, or complications the trellure. List only one call.	20b. PLACE cometery, creations of Sunse	14910 EANDDATE OF Tempstory of other et Mem	McMull DISPOSITION (F OF Place) OF Lal 22. NAME / Sca Cum	en Hwy. Park AND ADDRESS OF I TPELLI F Iberland.	Cresaptown 10-15 PACILITY Funeral Hon MD 21502	n, MD coation – Cumbe:	21502 City or Tow rland	n, Stata						
3 Removal from Stata sectly ERFVICE LICENSEE Basea, or complications the t feliure. List only one ca	20b. PLACE cometery, or Sunse	et Mem	pisposition (Pictorial 22. NAME / Sca	Park AND ADDRESS OF I rpelli F iberland.	10-15 20c. I	ocation – Cumbe: ne	chy or Tow rland	n, Stata						
REER, or complications the feliure. List only one ca	et ceus d the de	leath. Do not	Sca	rpelli F berland.	Funeral Hon MD 21502									
a. Art	et ceused the de luse on eech line	eath. Do not	Scarpelli Funeral Home Cumberland, MD 21502 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate integral Returns											
DUE TO	cerioscle		Heart	Disease		piratory an	reat,	Approximata interval Between Onset and Death						
b. DUE TO	O (OR AS A CONSE	EOUENCE OF):												
d.	O (OR AS A CONSE	EOUENCE OF):												
Hernes Zoster (10 days)							0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? YES 2 NO						
HOSPITAL:	□ ER/Outpetteet 2	2 004	THER											
28s. DATE Of (Month, I	F INJURY	28b. TIME C	OF 28c, IN	JURY AT ORK?		INJURY OCC	CURED							
2 Accident 3 Suicide 4 Homicide 28s. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 28s. PLACE OF INJURY — At home, farm, street, factory, office 5 City or Town, State) 29s. CERTIFIER (Check only one) 2 FENCAL EXAMINES OF The sele of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
	econditions contributing to ster (10 days) EDICAL HOSPITAL: 1 inpetient 2 28. DATE 0 (Month, indicated building) 10 Month 28. PLACE building	d	conditions contributing to deeth but not resulting in ster (10 days) EDICAL HOSPITAL: 1 inperient 2 ER/Outpetient 3 DOA 4 Inperient 2 ER/Outpetient 3 DOA 4 EVAMINES OF INJURY At home, ferm, strength of the publishing of the publishing physician. To the best of my knowledge, death occurred examined.	conditions contributing to deeth but not resulting in the underlying ster (10 days) EDICAL HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Hot Mind Phase (Month, Dey, Year) 28a. DATE OF INJURY 28b. TIME OF INJURY W 1 1 28a. PLACE OF INJURY At home, farm, street, factory, officially stigation building, stc. (Specify) 28c. PLACE OF INJURY At home, farm, street, factory, officially strained with the street of th	conditions contributing to deeth but not resulting in the underlying ceuse given in the conditions contributing to deeth but not resulting in the underlying ceuse given in the condition of the	conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS A PERFO 1 YES EDICAL HOSPITAL: 1 inperient 2 ER/Outpetient 3 DOA OTHER: 1 inperient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 25a. DATE OF INJURY (Month, Dey, Year) 25b. TIME 2 NO NORK? 1 YES 2 NO 26c. INJURY AT WORK? 1 YES 2 NO 26c. PLACE OF INJURY — At home, farm, street, factory, office 26d. DESCRIBE HOW WORK? 1 YES 2 NO 26d. DESCRIBE HOW WORK?	conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. Ster (10 days) 26. PLACE OF DEATH (Check only one) 1 YES 2 NO 27. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) OTHER: 1 inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Dither (Specify) Other (Specify) 28. DATE OF INJURY AT WORK? (Month, Day, Year) 28. PLACE OF INJURY AT 1 YES 2 NO 28. PLACE OF DEATH (Check only one)	d						

Paul Snow, Dpy Med Ex, 124 W. 3rd St., Cumberland, MD 21502

32 AERISTRATS SIGNATURA PANDALL



by the hospital or attending physician.

Is should be detached for use as the burial-transit permit, Pages 1, 2, 3 should DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 four and death.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the tuneral to the property of the

MORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	CHIIF	ICALE	UF	DEA	н		REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)		SOL	IRES				2. DATE OF	OEATH 0 9 PA	92	YEAR	3. TIME OF OEATH	
	DOROTHY	Е			IKES)					92		0545 A
	4. SOCIAL SECURITY NUMBER 218-16-4139	5. SEX	6. AGE (In yrs. le	vrs.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS.	7. DATE OF (Month, E	BIRTH (ay, Year) 9-1923		Count	IPLACE (State or Foreign ry)
	9a. FACILITY NAME (If not institution, give s	28	69		DE CITY	TOWAL C	OR LOCATIO	201 05 05		91923		WV	
œ	Memorial Hospit						ERLA		AIH			A I I	EGANY
6	RESIDENCE OF DECEDENT	aı			CC	וטויונ	- KLA	NU				ALL	EGANI
E I	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	TION				-		10d. INSIDE CITY
DIRECTOR	MD All	.eqany		C	umber	lan	d						LIMITS?
4	10s. STREET AND NUMBER						. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	12610 Starlite	Drive. S	E				2150	2			U	SA	
3	11. MARITAL STATUS	12. WAS OFCEDEN	T EVER IN U.S. A	RMED	13. V	MAS OEC	ENDENT O	F HISPANI	IC ORIGIN? (Specify Yes	or No-	14. RAC	E - American Indian,
BY	1 Never Married 2 Married 3. Wildowed 4 Divorced	IF YES, GIVE W	YES 2	NO			ocify Cuba 27 NO		, Puerto Ric	en, etc.)		Spec	k, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(3	ECEDENT'S	work done d	CUPATIO	ON ast of workin	na .	16b. K	INO OF BUS	INESS/IN	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5 +	·)	e. Do NOT us	e retired.)			•					
MP	unknown			nurse	s aid	d				Nurs	ing I	Home	
8	17. FATHER'S NAME (First, Middle, Last)								AE (First, Mid		Sumame)		
BE	Benjamin Fra	nklin Oli							s Fin				
2	19a. INFORMANT'S NAME (Type/Print)		- 1						oute Number,				
	Mr. Rickey L. S	quires		_				ive,			**-		MD 21502
	20a. METHOD OF DISPOSITION 1√P Burlal 2 □ Cremation 3 □ Rem	ovel from State	20b. PLACE cemetery, cr	ANODATE (TION (Na	me of	_	OATE		CATION —		
	4 Donation 5 D Other (Specify)		Sunse	et Me	moria				.0-12	C	mbei	rlan	d, MD
	21. SIGNATURE OF FUNERAL SERVICE LIG	2 MAR	1000	11		Scar	pell	i Fu	neral	Home			
	23. PART/1. Enter the diseases, or	N. C.	Ugue	\mathcal{M}		Cumb	erla	nd.	MD 21	502			
	ahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	List only one ceu	se on each lin	e.	An	rlo	1		ea carde	c or reap	ratory an	reat,	Approximate Interval Betwee Onset and Dea
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR A CONSE	OR AS A CONSEQUENCE OF): OR AS A CONSEQUENCE OF):									
EDICAL	PART II. Other algnificant condition	a contributing to	deeth but not	reaulting	in the und	derlying	cause g	jiven in F		PERFOR	MED?	24b	. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									_				1 [] YES 2 [] NO
ž													
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/	-	OTHER		ACE OF DE	EATH (Chec	ck only one)				
YS	1 NYES 2 THO DS	1 Inpatient 2	ER/Outpatient	ADG [] E			e 5 🗆 Re	sidence 8	Other (S	Specify)			
E	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE QF (Month, De		28b. TIM INJ	E OF URY	28c. INJ	URY AT RK?		28d. DESCR	IBE HOW IN	JURY OC	CURED	
à	2 Accident Investigation				М		/ES 2 [NQ					
- 11	3 Suicide 8 Could not be detarmined	28e. PLACE Of building,	F INJURY — At h etc. (Specify)	ome, larm, s	street, facto	ery, offici	•		City or	ON (Street e fown, State)	nd Number	r or Rural I	Route Number,
COMPLETED	290. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one)) and manner as stated.	
	295. BIGNATURE AND TITLE OF CHATIBLES		4					NSE NUMI					(Month, Day, Year)
W	14111	RAM	or m	2				77	181		DAT	16	9-97
유	30. NAME AND ADDRESS OF PERSON WH	O COUPLETED CAUS	SE OF DEATH (ITE	H (ITEM 27) (Type Print)					0-	110			
}:		/											
ŀ	31. DATE FILED (Month, Day, Year)	32 REGISTRA	5 BISH	UP W	ALSE	1 D	R CU	MRE	KLANI) MD		215	02
ļ	NCT 1 3 100		IHOMON-RO	ndell									

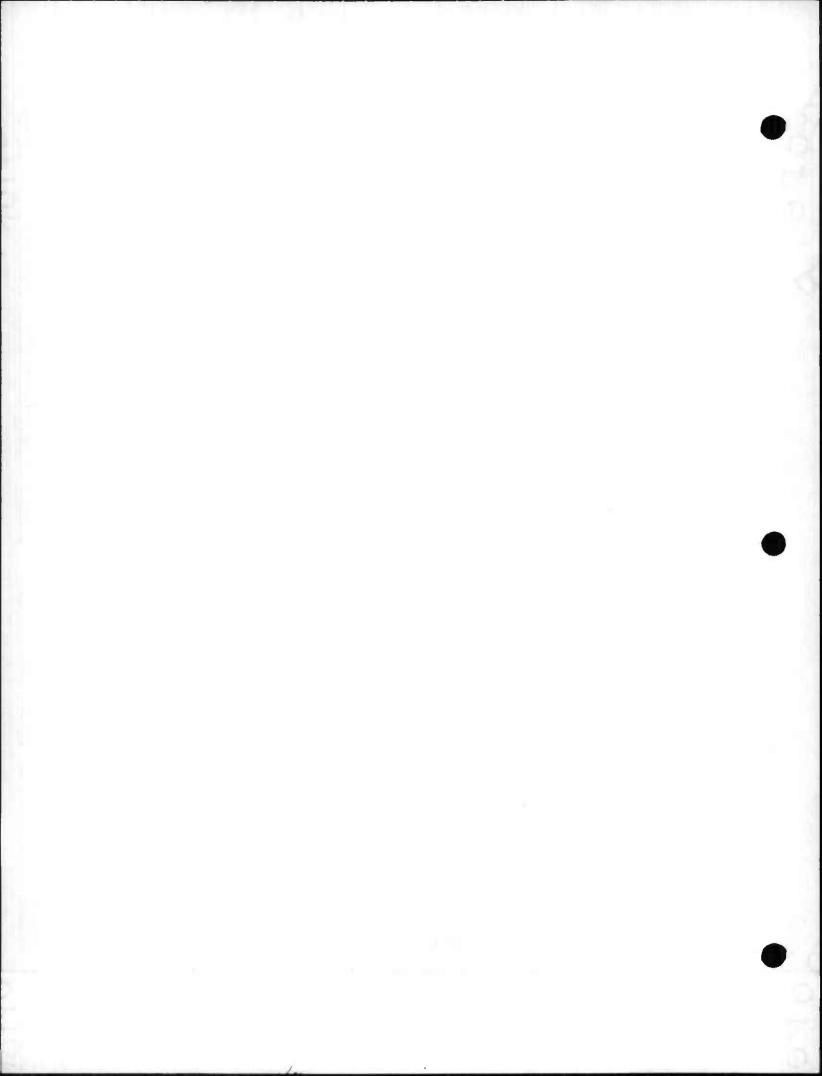
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, 1 - FOR STATE REGISTRAR

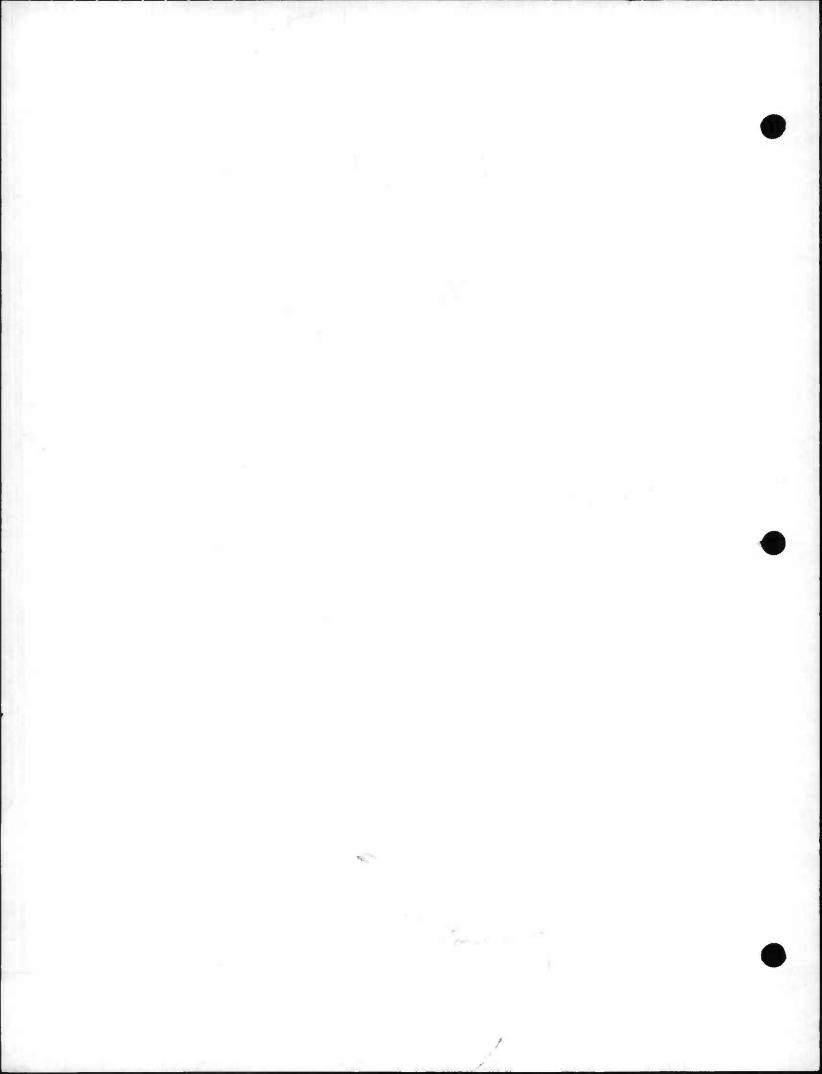
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First														
		I, Middle, Last)									OF DEATH			3. TIME OF DEATH	
	HELEN		MARGARET		SA	FFRAI	N			octo	BER 8	, 199	92 AR	12:45 P	• M
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs		IF UNDER		IF UNDER	24 HRS.	7. DATE C	F MRTH		a. BIRTH	IPLACE (State or Fore)	ion
71	578-42-703	1	1 M 2 T F	60	YRS.	MONTHS	DAY8	HOURS	MIN.	(Month,	Day, Year)	932	WAS	HINGTON,	DC
4	9a. FACILITY NAME (If not i				4110	9b. CITY	TOWN C	OR LOCATI	ON OF DE		· · · ·		NTY OF D		20
Œ		LSTON	AVENUE					ILLE	011 01 02	-AIII				GEORGES	
5	RESIDENCE OF DE		AVENUE		_	DE	PISA	TLLE				PKII	NCE	GEURGES	
DIRECTOR	10a. STATE	10b. COUNT	Y		10c. CI	TY, TOWN C	OR LOCAT	TION						10d. INSIDE CITY	
2	MARYLAND	P	RINCE GE	ORGES		BELT	SVIL	LE						LIMITS?	0
	10s. STREET AND NUMBER							. ZIP COD	E	_		10a. CITI	ZEN OF Y	WHAT COUNTRY?	
R	3100 FALL	STON	AVENUE						2070	5		. 110	JSA		
FUNERAL	11. MARITAL STATUS	DION	12. WAS DECEDED	YT EVER IN U.S.	ARMED	12	WAS DEC				(Specify Vec			E — American Indian,	
	1 Never Married 2 X	Married	FORCES?	YES 2	NO		If yes, sp	ecify Cube	n, Mexica	n, Puerto R		Or 140-	Black	k, White, etc.	
ВУ	3 Widowed 4 Div	orced	IF YES, GIVE	MAR OR DATES			1 🗌 YES	2 XNO	Specify	:		- 1	Spec	WHITE	
0		CEDENT'S EDU		16a	DECEDENTS	USUAL O	CCUPATIO	ON		16h	KIND OF BUS	UNESS/IND	HISTRY	WILLE	
	(Specify or Elementary/Secondary (ly highest grade	College (1-4 or 5		(Give kind of Ille. Do NOT u	work done	during mo	st of working	79	1000					
PL	Lionina postorizary (0.12/	2	" F	IOMEMA	KER									
COMPL	17. FATHER'S NAME (First, A	Aiddle, Last)						18 MOT	UEDIG NA	ME /El-a A/	iddle, Maiden	Comment			
	FRANK	- 17	G.	Mac	ALOON				GARE'	π .	ALTE, HELLERI	Garrette)	HOB	RS	
BE	19a, INFORMANT'S NAME (-	riac		ADODES	D /Chron			44.0	er, City or Tow	- Day T			_
2	A STANCE OF THE PARTY.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1111.01												
	GLENN J. S.	_	(HUSI	BAND)					NUE					ND 20705	
	METHOD OF DISPOSITE Burlet 2 Cremeti	on 3 🗆 Rem	ovel from State	20b. PLA cemetery,	CE AND DATE	of DISPOS other place)	SITION (Na	me of		DATE		CATION —			
	4 🗆 Denation 5 🗆 Othe			GATE	Cremetory or C		_				0 SIL	VER S	SPRI	NG, MARYLA	ND
	21. SIGNATURE OF PUREN	N. SERVICE LI	DENSEE // /	10	_	22. F F	NAME AN	TS T	SS OF FA	LI.TNS	FIINE	RAT. F	IOME	, INC.	
	1/1/21	14	Mitte	M										,MD.2090	
	23. PART I. Enter the o	Hannan of	-												1
- 1	shock, or t	neart fallure.	complications the List only one car	it caused the	death. Do									Approximate Interval Bets	9
	shock, or it IMMEDIATE CAUSE (FI disease or condition resulting in death)	neart fallure.	a. Mu	t caused the use on each	ater	not enter	the mo	de of dy	ing, suci	h an cardi		ratory arr	rest,	Approximate	s ween
ALICN	immediate cause (Fi disease or condition resulting in death) Sequentially list condi if any, leading to imme	tiona,	a. DUE TO	tast	IIIIO.	not enter	the mo	de of dy	ing, suci	h an cardi	ac or respi	ratory arr	rest,	Approximate Interval Bety	s ween
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Y PHYSICIAN: MEDICAL C	shock, or ill sh	tiona, sidiata fing ury ST Condition	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 11 Inpetient 2 28e. DATE Of	O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON	ISEQUENCE CO	OTHER	28. PL R: sing Hom 28c. INJ	g cause of	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b	Approximate Interval Bette Onset and E Ons	ween Joenth
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. The law requires that the death control of the state of the law of the state of the stat

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH	w	YEAR	3. TIME OF DEATH
	Winth		Morton			rth,	Jr.				-	, 19		5:30 PM
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.		OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	110-10-6463		1 M 2 F	83	YRS.	months.	UAYS	HOURS	GRITTE.		. 7, 1	909		sachusetts
~	98. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY,	TOWN (OR LOCATE	ON OF DE	EATH		9c. COU	INTY OF E	DEATH
5	Suburban I	lospit	al			В	eth	esda				M	ontg	omery
DIRECTOR	10e. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN OF	LOCAT	TION						10d. INSIDE CITY
5	Maryland	Mon	tgomery		C	hevy	Cha	se						LIMITS?
¥	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	7105 Rid	gewood	Avenue					208	15			Uni	ted	States
2	11. MARITAL STATUS 1 Never Married 2 XX	Mandad	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	MED IO	13. W	AS DEC	ENDENT C	OF HISPAN	IIC ORIGIN	17 (Specify Yes	or No-	14, RACI	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DATES		1	☐ YE\$	2 X NO	Specify	<i>y</i> :			Spec	
	15. DEC	EDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON	-	16b.	. KIND OF BUS	SINESS/IN	DUSTRY	White
COMPLETED	(Specify only Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5	(G/	ve kind of a Do NOT us	work done di se retired.)	uring mo	st of working	ng	В	ureau	of I	nter	national
F			4	Man	agin	g Dir	ect	or			rganiz			
00	17. FATHER'S NAME (First, M.	iddle, Last)			70			18. MOTI	HER'S NA	ME (First, I	Middle, Maiden	Sumame)		
BE	Winthrop	Mor	ton	Southwor					ez		abel			worth
2	19a. INFORMANT'S NAME (7)										ber, City or Tow			
	Marion W.		worth						enue	, Ch	evy Ch			
	20s. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from State	20b. PLACE A cemetery, crei	matory or o	ther place)				/11/3	721	CATION —		
	4 Donation 5 Other 21. SIGNATURE OF FUNERA		ENSEE	MQ083		Cre	Mat	Orlur	n, II	n¢.	Bet	nesa	a, Ma	aryland
	Robert	am	m. 00	n Law	_	n Ro	ber	t A.	Pum	phre	y Fune	ral	Home	7 Wisconsin 14-3501
	23. PART I. Enter the di	70,		10	,,-	7A	enu	ie, B	ethe	sda,	Maryl	and	208	
	shock, or he IMMEDIATE CAUSE (Fin disease or condition	eart fallure. I	List only one cau	use on each lina								ratory ar	1981,	Approximate Interval Between Onset and Death
	resulting in death)	→ ,	. CAN	OR AS A COMSEC	UENCE O	ona	7	_/1	nn	100				Dudden
z				4 / 1	,									1-7 wes
5 E	Sequentially list conditi if any, leading to immed	diate		(OR AS A CONSEC				,)						100,0
CERTIFICATION	cause. Enter UNDERLY! CAUSE (Disease or inju		· CA	OR AS A CONSEC	my	100	ar	m						Years
Ē	that initiated events resulting in death) LAS	т	506 10	(OH AS A COMSEC	DENCE U	r): I		- 1						
B		-	f											1
	PART II. Other algorifica	nt condition	s contributing to	death but not n	eaulting	in the und	lerlyin	g cause g	given in	Part I.	24a. WAS AN PERFOR		246	WERE AUTOPSY FINDINGS
MEDICAL										_	1 TYES 2	K) NO		COMPLETION OF CAUSE OF DEATH?
										_ 1				1 _ YES 2 _ NO
PHYSICIAN:	25. WAS CASE REFERRED TO	T												
C	EXAMINER?	MEDICAL	HOSPITAL:			OTHER	:			eck only on				
H X	27. MANNER OF DEATH		28a. DATE OF	ER/Outpatient 3	28b, TIM	4 Nursi		URY AT	esidence		(Specify)	N RIBY OC	CUBEO	
		Pending Investigation	(Month, E	Day, Year)	INJ	URY	WO	PRK?	NO		,		CONLO	
D BY	2 Outstan	Could not be	28e. PLACE C	OF INJURY — Al hor etc. (Specify)	me, farm, s	street, facto	ry, offic			20f. LOC	ATION (Street	and Numbe	r or Runal i	Route Number,
TED		determined	- Continuity,	www. (Opocny)						City	or Town, State)			
PLE	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, dei	eth occum	ed at the Jin	no, date	and place	, and due	to the cau	rse(s) and mar	mer as sta	ted.	
COMPLET														s) and manner as stated.
w I	296 GIGNATURE AND TITLE	CERTIFIER	1	1//		_		29c. LICI	ENSE NUN	MBER		29d. DAT	TE SIGNER	(Month, Day, Year)
TO B	Sind	4 110	ussal	lo				D3	3844	1			101	10 92
F	36. NAME AND ADDRESS OF	Joseph	A. Vass	SE OF DEATH (ITEM	Death (ITEM 27) (Type, Print) O, M. T. Chevy Chae Mo						ı			
	12130	W	15 CON	SIM	Are		6	nev	4 6	40	re	110	2	
	OCT 13 '92	16ar)	32. JUNE	The Standard									1	
	101 17 75													



ORE, MARYLAND 21215-0020

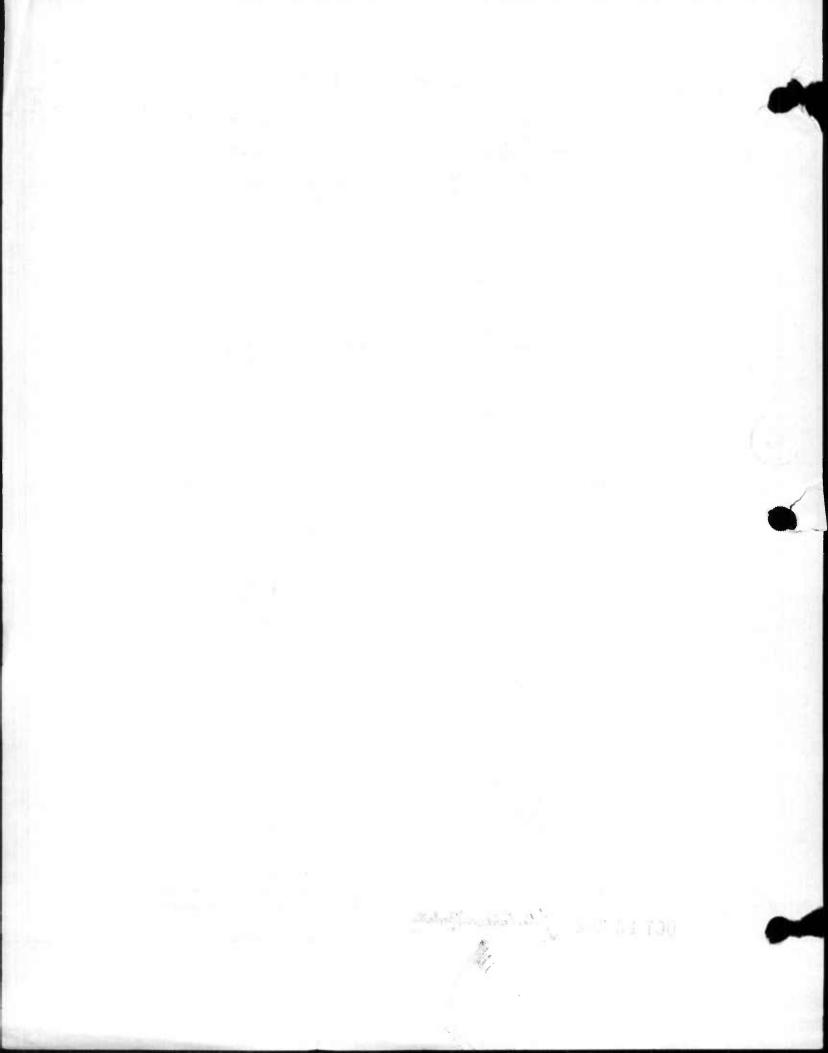
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be excused within 24 hours are compared from the state of the law requires that the attending physician and compared from the state of the sta DIVISION OF VITAL RECORDS, P.O. BOX 68760,

15

31. DATE FILED (Month, Day, Year)

OCT 1 3 1992

	FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPAR	TMENT OF H	EALTH AND DEATH	MENTAL HYGIEN		6 60100				
	1. DECEDENT'S NAME (First, Middle, Last)	V.ICTORIA	801	CER		2. DATE OF DEATH	W - 92	3. TIME OF DEATH A				
	4. SOCIAL SECURITY NUMBER 578-42-5391 9e. FACILITY NAME (If not institution, give st	5. SEX 1 M 2 F 77 Treet and number)	YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN (# UNDER 24 HRS. HOURS MIN, OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) SEP. 25, 19	Co	RTHPLACE (State or Foreign unitry) JAMAICA F, DEATH				
DIRECTOR	WASHING TON	ADVENTIST	Hosp	TAKON	A Per	K	Mont	fomery				
		CE GEORGE		r, town or locat				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	6601 KARLSON COU	RT		101	20783		USA	PF WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, atc.) ly:	81	ACE — American Indian, leck, White, etc. pecify: TE				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	Give kind of wife. Do NOT us		ON st of working	16b. KIND OF BU	SINESS/INDUSTRY	1				
BE	17. FATHER'S NAME (First, Middle, Lest) WALTER PARK 196. INFORMANT'S NAME (Type/Print)	IN	105 MAII INO	ADDRESS	SADIE	AME (First, Middle, Meiden						
5	KENNETH N. SPICER	(SON)		HICAN DR		REST HEIGHT						
	20e, METHOD OF DISPOSITION 1 ABurial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State cemetery.	crematory or of	PF DISPOSITION (Na her place) SHINGTON		DATE 200. LO	ELPHI, M					
	21. SIGNATURE OF FUNERAL SERVICE LICE	Stynd		FRANC		LLINS FUNE		E, INC. PR.,MD.20901				
	23. PART I. Enter the diseases, or callock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused tha List only one cause on each i	death. Do n	ot anter tha mo	da of dying, suc	A C C	fratory arrest,	Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE COECO OF AS A CONSEQUENCE OF): CAUSE (Disease or Indust) CALIST (Disease or Indust)											
CERTII	that initiated eventa reaulting in death) LAST	DUE TO FOR AS A CON-	Sulc		Anga	Etensi	Cn-					
MEDICAL	PART II. Other eignificant conditions DENTE CONTROL DENTE CONTRO	s Mellita	st resulting in	n the underlying 2000 (cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSRITAL:	3 [] 004	OTHER:	ACE OF DEATH (Ch	8 C Other (Specify)						
ву рну	27. MANNER OF DEATH 1 Natural 8 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b, TIME INJU	OF 28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCURED					
	2 Accident Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State)											
COMPLETED		CIAN: To the best of my knowledge, R: On the basis of examination and/						e(a) and manner as atated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER	d A. N	lan	nann	Dec. LICENSE NUI	MBER 1593	29d. DATE SIGN	ED (Month, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (I	TEM 37 (Type,	M.D.	2371	5-RHODE	ISLA	ND AVE				



, and should be detached for use as the burial-transit permit. Pages 1, 2, 3		The second of th
e has been signed by the attending physician and completely filled in by the funeral at the	te Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 23 about any lating to other twenty and the modified angula

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral death.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral death.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral death.

TO THE FUNERAL DIRECTOR: Attention of the first has been signed by the attending physician and completely filled in by the funeral death.

TO THE HOSPITAL DIRECTOR: A tention of the first has been signed by the attending physician and completely filled in by the funeral death.

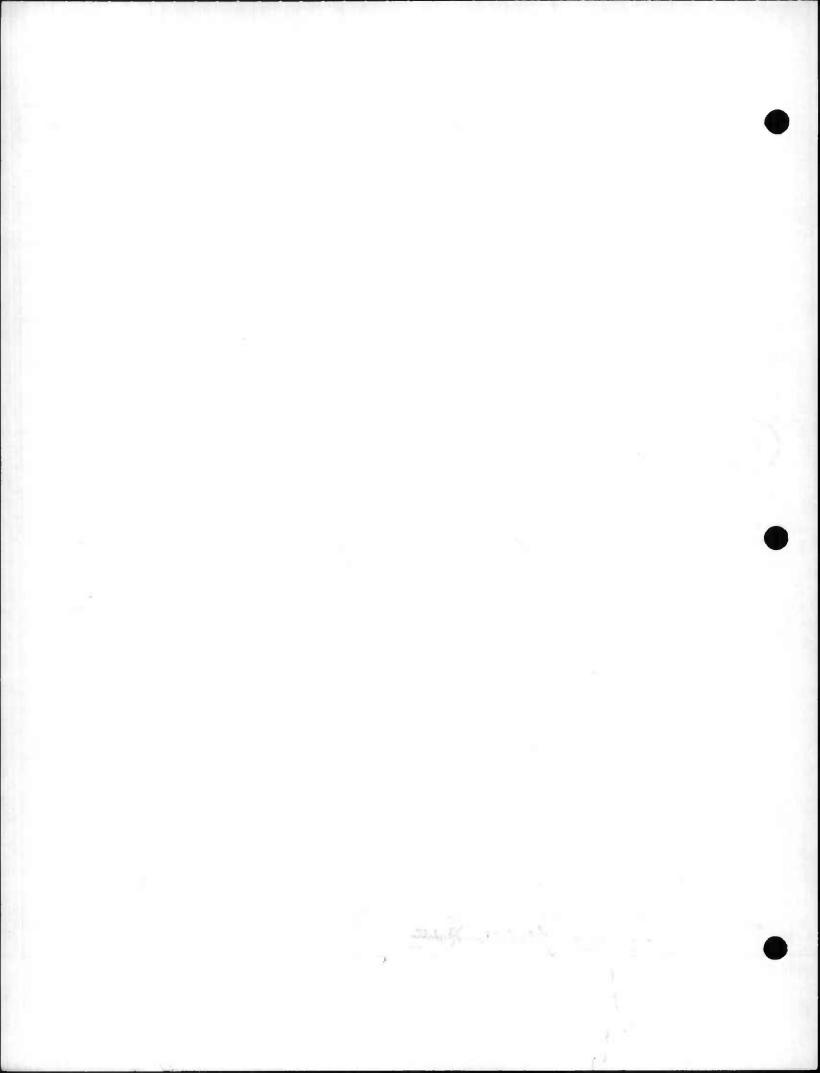
TO THE HOSPITAL DIRECTOR: A tention of the first has a tention of the fir

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

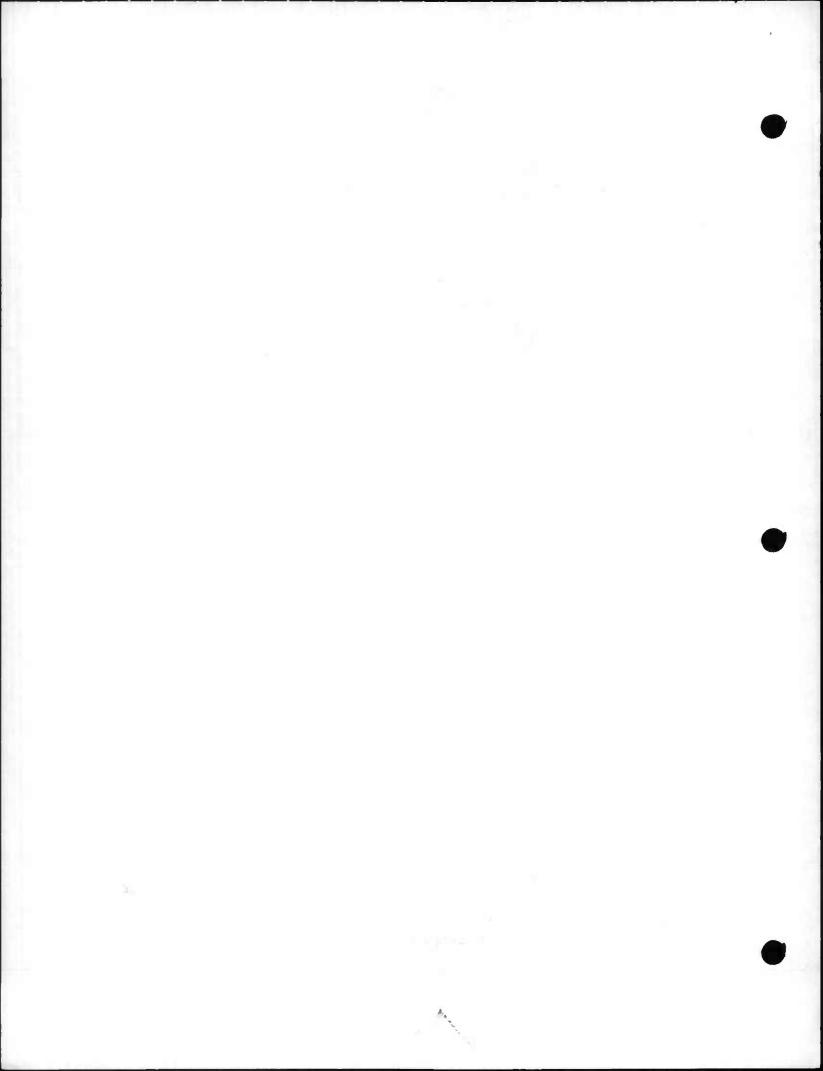
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FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICAI	E OF	DEATH		REG. NO			
1. DECEDENT'S NAME (First, ADELAID	e	SCLIN	IDE V	EAVEY S	CHM]	ITZ		2, DATE MONT	OF DEATH	*4-	92	3. TIME OF DEATH 3.24 PM
4. SOCIAL SECURITY NUMBER 159-18-6520	R	5. SEX	6. AGE (In	yrs. last birthday) YRS.	IF UND MONTH	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year) IL 12,	1910	Country	
9s. FACILITY NAME (If not ins	titution, give s	treet and number)	02		9b. CI	TY, TOWN	OR LOCATION OF D		111 14,	-	INTY OF DE	
HOWARD COUN		NERAL HOS	SPITA	և		COL	UMBIA			HOW	ARD	
RESIDENCE OF DEC	10b. COUNT	Y		10c, CIT	Y. TOWN	OR LOCA	TION					10d. INSIDE CITY
MARYLAND	HOW	ARD			COI	UMBI	A					LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 5400 VANTAG	E POTI	NT ROAD				10	1. ZIP CODE 2104	/.			USA	HAT COUNTRY?
11. MARITAL STATUS	<u> </u>	12. WAS DECEDEN			1:	3. WAS DEC	ENDENT OF HISPA		N? (Specify Ye			— American Indian
1 Never Married 2 1 1 3 Widowed 4 Divor		FORCES? 1				If yes, sp	ecify Cuban, Maxico	an, Puerto			Specifi WHT	
15. DECE (Specify only	DENT'S EDU	CATION completed)	1	Ide. DECEDENT'S	work don	e durina mo	ON ost of working	16	. KIND OF BU	SINESS/IN		.115
Elementary/Secondary (0-	12)	College (1-4 or 5	+)	LEGAL			RY					
17. FATHER'S NAME (First, Mic	ddle, Last)	-		HHOIH	DIE	MULA	16. MOTHER'S NA	ME (First,	Middle, Maiden	Surname)		
WILLIAM M	. VEA	VEY					FLOREN				ORNIN	IG
19a. INFORMANT'S NAME (Ty	pe/Print)			19b. MAJLING	ADDRE	SS (Street	and Number or Rural		ber, City or Tow			20902
PAUL TRACY S		Z (SON	1)	1121	UNIV	ERSI	TY BLVD.	,W.	#1105	SILV	ER SP	RING, MD.
20e, METHOD OF DISPOSITION 1 N Sturiet 2 Crametton	ON 3 - Rem	oval from State		LACE AND DATE		el.		1			City or Tox	
4 Donation 5 Other (G	ATE OF	_		EMETERY		10 SIL	VER	SPRIN	G, MARYLAND
b live	Harr	D. Ca.		1111	F	FRANC	ND ADDRESS OF FA IS J. CO NIVERSIT	LLIN				INC.,MD.20901
23. PARTY I. Enter the dis	leases, at	omplications the	it caused t	the death. Do	not ant	ar tha mo	de of dying, auc	h aa car	dlac or reap	iratory a	reat.	Approximate
ahock, or ha IMMEDIATE CAUSE (Fina	art fallgen	List only one cau	ise on aac	th ilne.					ear mode.			Interval Batween Onset and Death
disease or condition resulting in death)	.	. ACUTE	e My	ur mon	i	may	thou					10/4/92
readiting in death)		a. ACUTO DUE TO DUE TO DUE TO	(OR AS A	ONSEQUENCE O	F):		^					al. 1
Sequentially list condition		. Hour	lusy	unk	DISL	ters	Synow	ie				1/28/92
if any, leading to immed cause. Enter UNDERLYIN		DUE TO	(OR AS AY	ONSEOUÊRCE O	F):		0					arole.
CAUSE (Disease or injur		cDUE TO	(OR AS A C	ONSEQUENCE O	n:							17-6/16
resulting in death) LAST	l	d										
PART II. Other significan	nt condition	s contributing to	deeth but	not resulting	in the	underlyln	g cause given in	Part I.	24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
		roenus							PERFO			AMILABLE PRIOR TO COMPLETION OF CAUSE
									I L TES	NO		OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			ОТН		LACE OF DEATH (C	eck only o	ne)			
1 TYES 2 AND		inpatient 2			4 🗆 N	ursing Hon	ne 5 🗆 Realdence		1-1-17			
27. MANNER OF DEATH 1 Nonether S P		28a. DATE OF (Month, E	ay, Year)	28b. TIN	NE OF JURY	WC	URY AT DRK? YES 2 NO	28d. DE	SCRIBE HOW	NJURY OC	CURED	
2 Sulaida —	rvestigation	28a. PLACE C	F INJURY -	- At home, Jarm,	street, fr			261 1 00	ATION (Street	and Alumba	r or Rumi D	nute Mumber
_ 0 _ 0	could not be etarmined	buliding,	etc. (Specify)		ctory, orne		City	or Town, State,)	W OF HURSE PS	oute Number,
29a. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best of	my knowled	ige, death occurr	ed at the	time, data	and place, and due	to the ce	use(a) and ma	nner as ste	nted.	
one) 2 MEDIC	EXAMINE	R: On the basis of a	xamination :	and/or investigation	on, In my	opinion, o	leath occured at the	time, det	and place, ar	nd due to t	he cause(s)	and manner as stated.
200 SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LICENSE NUI	. /		29d. CA		(Month, Day, Year)
Aco Mile	with	×					1)-486	84		•	8 1	10-4-92
30. NAME AND ADDRESS OF	1165	J LITTE		West 1		in	1)-496 Colinba	4,	MO	2/0	44	
31. DATE FILED (Month, Day, Y	,	1 32. RECOSTRA		NO DE		1		,			-	
OCT 13 19	92 2	7	21.									



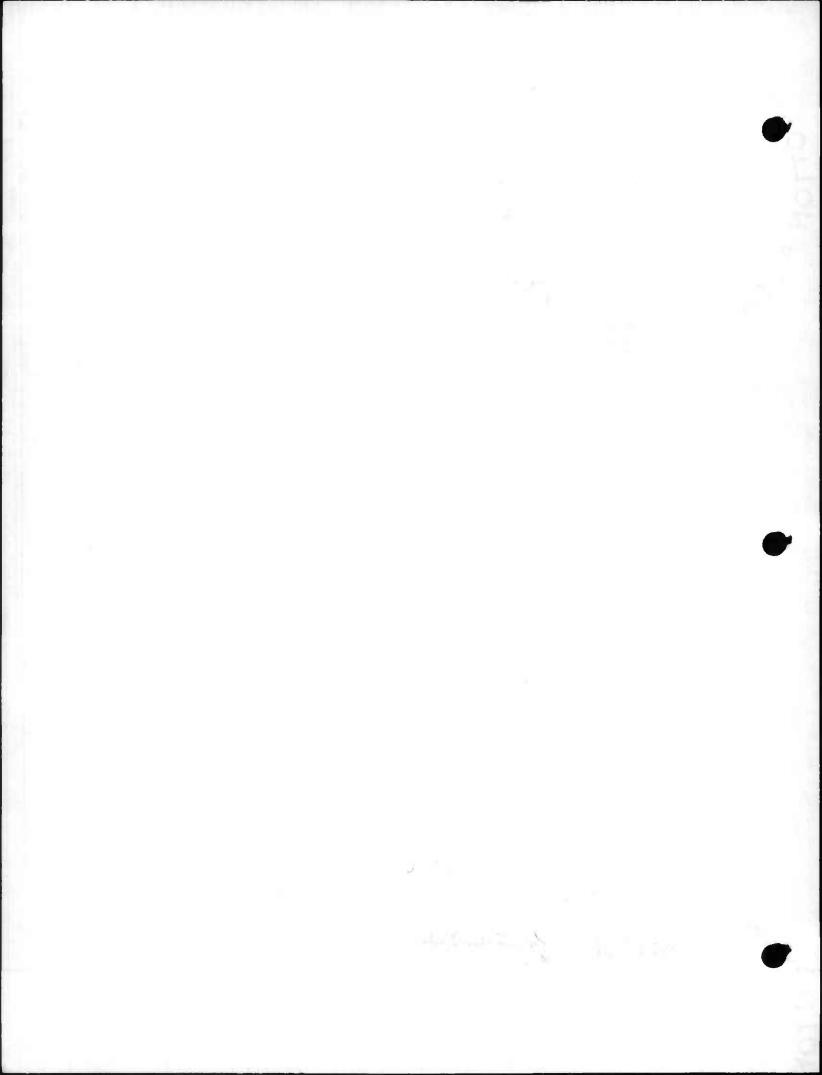
		FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN REG. NO							
			Sullivan	RET C. SULLI	VAN	2. DATE OF DEATH MONTH	92	EAR 152 PM M					
pin		4. SOCIAL SECURITY NUMBER 577-12-5645 98. FACILITY NAME (If not institution, give str	1 - M 2 - 83		DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) NOV. 27, 19(08 WA	BIRTHPLACE (Siève or Foreign Country) ASHINGTON, D.C.					
1, 2, 3 should	TOR	HOLY CYOSS RESIDENCE OF DECEDENT	Hospital		VEY SPY		9c. COUNTY MON	OF DEATH UTGOMERY					
nit. Pages	DIRECTOR		E GEORGE	10c. CITY, TOWN OR HYAT	TSVILLE			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
ian. transit permit.	FUNERAL	5805 42ND AVENUE			101. ZIP CODE 20781		US						
21215-0020 Il or attending physician. For use as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATI	2 NO If	AS DECENDENT OF HISPA yes, specify Cuban, Mexico YES 2 N NO Specif	an, Puerto Rican, etc.)	s or No— 14	14. RACE — American Indian, Black, White, etc. Specify: WHITE					
	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		ISS. DECEDENT'S USUAL OCC (Give kind of work done du life. Do NOT use retired.) HOMEMAKER	CUPATION ring most of working	TRY							
S GBA	COMPL	17. FATHER'S NAME (First, Middle, Last)	-	***************************************	16. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)						
ARYL aned by the nould be	BE	AMOS BENJAMIN COL 19a. INFORMANT'S NAME (Type/Print)	<u>E</u>	Top MAN INC ADDRESS (MAY LEWIS	- Au - Tu - A						
W. S.	2	MELVIN I. SULLIVAN	TTSVILLE,										
# T 1		20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery, crematory or other place) GATE OF HEAVEN CEMETERY 10/13 SILVER SPRING											
		4 Donation 5 Other (Specify)	GA'		CEMETERY AME AND ADDRESS OF FA		VER SE	RING, MARYLAND					
BALTIM or death. The funera val. I examine		Stevens	N S1.	O FR.	ANCIS J. CO	LLINS FUNE							
hours after id in by the or removal		23. PART I. Enter the diseases, or co	omplications that caused t	the death. Do not enter th	he mode of dying, suc	th as cardiac or resp	SIL.S						
		IMMEDIATE CAUSE (Final disease or condition	lat only one cause on eac	(C-02)				Interval Between Onset and Death					
760, and within 24 completely fill cremation, the event, the		resulting in death)	DUE TO (OR AS A C	Arrest CONSEQUENCE OF):				4 min					
	N	Sequentially list conditions,	Ventricule	or Tachacore	die			16 mg					
BOX 68 cate be execut hysician and c prior to burit r traumatic	CATION	If any, leading to immediate cause. Enter UNDERLYING REAL CONSEQUENCE OF): CONTROL OF											
O. B certificate ing phys rgiene p	ERTIFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C		7707-14			2 MOREAS					
0 4 8 E P	CER	resulting in death) LAST											
CORDS, es that the deat gned by the atti path and Mental senty injury,	MEDICAL	PART II. Other algnificant conditions	contributing to death but	not resulting in the und	eriying cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
AL RECOF he law requires that has been signed is Dept. of Health a	N: ME							1 _ YES 2 _ NO					
PHYSICIAN: The law this certificate has by with the State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	26. PLACE OF DEATH (Ch	neck only one)							
erti Cla	PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Minpatient 2 ER/Outpati	lent 3 DOA 4 Nursin	g Home 5 - Residence	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	NED.					
ON OF DING PHYSIC After this ce death with th	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO								
TTEND TTOR: A after of	8	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — building, etc. (Specify,	- Al home, ferm, street, factor)	y, office	281. LOCATION (Street City or Town, State)		Rural Route Number,					
로보이는	COMPLET		AN: To the best of my knowled t: On the basis of examination a					ause(s) and manner as stated,					
TO THE HOSPIT TO THE FUNERA De filed within 7	BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER		IGNED (Month, Day, Year)					
2 2 3 M	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print)	D 22309		10-	10-92					
10		Phillip W. Pott, m.C	? Suite 32 .	831 University	Alrd End	E. Silver S	grias ,	md. 20916					
		Phillip bs - Pott, m. C 31. DATE FILED (Month, Day, Val) OCT 13 1992	June Devidoon-12	male.									



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H ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are certified.	IRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral of	
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	FOR 1 . STATE		STATE OF I	MARYLAI						NTAL HYGI	ENE	9	La	29/63
	REGISTRAR				CERTII	-ICAT	E OF	DEATH	-	REG.	-			
	1. DECEDENT'S NAME (First		Lee	D.	Stern				- 1	DATE OF DEATH MONTH October	DAY	1992	FAR	3:00 A M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In	yrs. last birthday		R 1 YEAR	IF UNDER 24		DATE OF BIRTH	rl	8.	BIRTHPLA Country)	NCE (State or Foreign
	282-03-5061		1)XXM 2 □ F	7	7 YRS.	MONTHS	DAYS	HOURS	MIN.	Jan. 21, 1915 Ohio				
	Sa. FACILITY NAME (If not in			9b. CIT	Y, TOWN C	R LOCATION	OF DEAT			COUNTY	OF DEAT	н		
DIRECTOR	17307 Quake		е				ndy S	Spring	3		1	1ont	gomei	ry
[RESIDENCE OF DEC	10b. COUNT	TY too CIT				OR LOCAT	TOM:				T.,		
E	Maryland		tgomery										d. INSIDE CITY LIMITS?	
	10s, STREET AND NUMBER		03001			andy		LITY CODE			T 40.	ATTE		YES 2 NO
FUNERAL	17307 Quake	n Lan	0				""	. ZIF CODE	2	0860				
I Z	11. MARITAL STATUS	I Laii	12. WAS DECEDEN	T EVED IN 1	I C ADMED	142	WT 0 050	CHOCHE OF		ORIGIN? (Specify				tates
	1 Never Married 2	(Married	FORCES? 1	YES	2 NO	13.	If yes, sp	ecify Cuben,	Mexican, F	Puerto Rican, etc.	THE OF N	0- 14	Black, W	American Indian, htte, etc.
BY	3 Widowed 4 Divo	proed	IF YES, GIVE V	MR OR DATE	ES	- 1	1 TYES	2 (X NO	Specify:				Specify:	White
8	15. DEC	EDENT'S EDL	JCATION	13	6a. DECEDENT	S USUAL C	CCUPATIO	ON	-	16b, KIND OF	BUSINES	S/INDUS		MITCE
<u>Li</u>	Elementary/Secondary (C	ly highest grade 0-12)	College (1-4 or 5	1	(Give kind of Itle. Do NOT	work done use retired.)	during mo	st of working						
필			4		Co-o	rdina	ator			Peac	e 01	rgan	izat:	ion
COMPLETED	17. FATHER'S NAME (First, M	fiddle, Last)						16. MOTHE	R'S NAME	(First, Middle, Mai	iden Surna	ame)		
ш	Lionel M.	Stern						Ros	se To	ffler				
TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	S (Street a	nd Number or	Rural Rou	te Number, City or	Town, Sta	ite, Zip Co	ode)	
-	Ruth H. St	tern			Sa	me as	s 10							
	20a. METHOD OF DISPOSIT	20s. METHOD OF DISPOSITION 1 Burlel 2 Committee 3 Removal from State 20b.P						me of		DATE 20c. LOCATION — City or Town, State				
	4 Donation 6 Other (Specify) Suburban Cre									10-10 Si	lve	r Sp	ring	, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE P. Sollier W. Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20								D ADDRESS	OF FACIL	ITY			(4)	
								20910						
CERTIFICATION	23. PART i. Enter the diseases, or complications that eaused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
8			d											
PHYSICIAN: MEDICAL	0.	ent condition	npt resulting	ot resulting in the underlying cause given in					Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 ☐ YES 2XXNO			RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
1	25. WAS CASE REFERRED TO	O MEDICAL					26. PL	ACE OF DEA	TH (Check	only one)				
Sic	EXAMINER?		HOSPITAL:	ER/Outpati	lent 3 🗆 DOA	OTHE 4 Nu	B:			Other (Specify)				
¥	27. MANNER OF DEATH		26e. DATE OF	INJURY	26b. TI	ME OF	26c. INJ		Y	d. DESCRIBE HO	W INJUR	Y OCCUE	BED.	
		Pending	(Month, D	ay, Year)	"	IJURY M	WO	RK?						
D 2 Accident investigation 290 BLACE OF IMMERY All horse for the first and f									Rural Route	Number				
Suicide 6 Could not be building, etc. (Specify) 4 Homicide determined														
COMPLETED			SICIAN: To the best of ER: On the basis of e											d menner as stated.
ш	296. SIGNATURE AND TITLE	OF CERTIFIE	A					29c. LICENS	SE NUMBE	R				onth, Day, Year)
TO B	almin M	1.471	m_M	2				073	312	4		Octo	ber	9, 1992
F	Dennis M.						hili	p Driv	ve, #	#328, ()lne	y, M	ID 20	832
	31. DATE FILED (Month, Day,	Ybar)	S2. REMISTRA						-					
	OCT 13 '92		0		•									



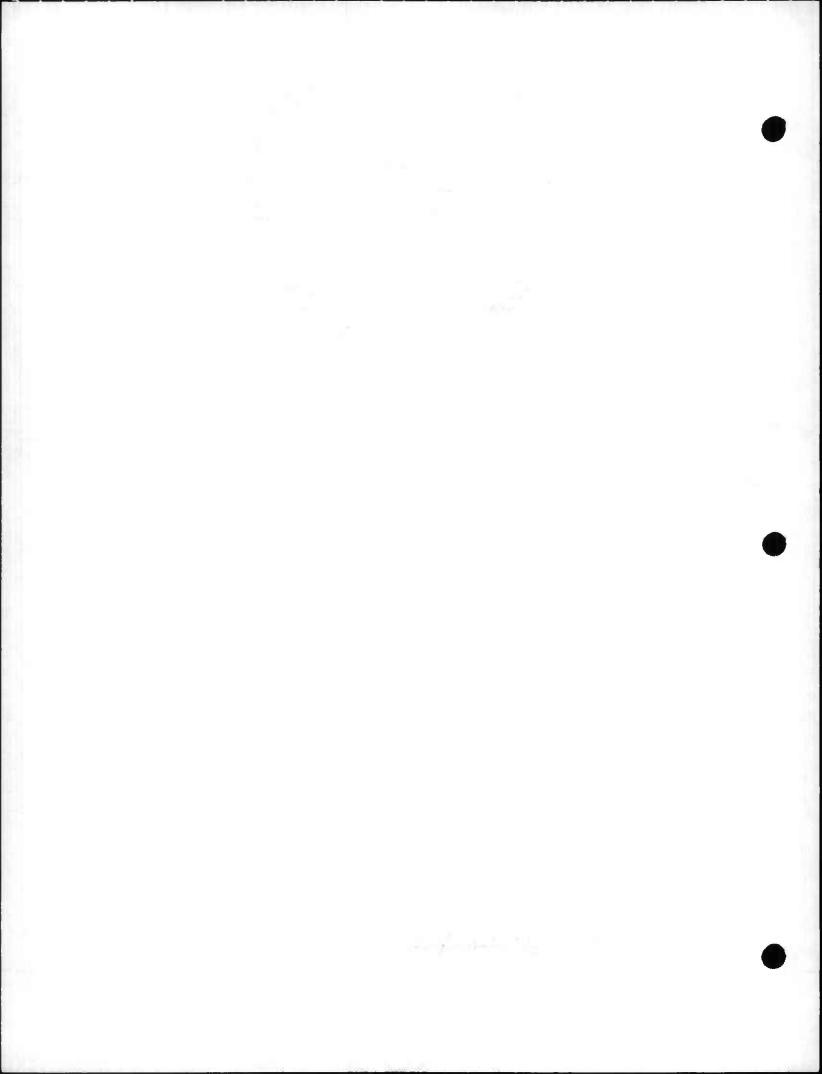
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ENDING PHISPORES.	IR: After this certificate has been signed by the attending physician and completely filled in by the funer
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31. DATE FILED (Month, Day, Year)

	1 - FOR STATE REGISTRAR	STATE OF		DEPAR					MENTAL HYGI				
3	1. DECEDENT'S NAME (First, Middle, Le Frances Th	nomas	Skeff	ingt	on				2. DATE OF DEATH MONTH OCt.	7 , 19	9 2 XEAR	1:30 P m	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH	., -,		HPLACE (State or Foreign	
1 3	577-26-6647	1 🗆 M 2 🗶 F	99	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec. 28		Count		
	Se. FACILITY NAME (If not institution, gir	ve street and number)			9b. CITY, TOWN OR LOCATION OF DE						UNTY OF D		
œ	7716 Beech Tre						esda				ntgo		
181	RESIDENCE OF DECEDENT			_		DE CII	coua			110	nego	mery	
DIRECTOR	MD 10a. STATE 10b. COU	Montgomery	tgomery B				TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 7716 Beech Tre	ee Road	Road				7. ZIP COD			10g. Cl		WHAT COUNTRY?	
N N	11. MARITAL STATUS		AS DECEDENT EVER IN U.S. ARMED				DEMDENY (DE 1410011	HC ORIGIN? (Specify				
B	1 Never Married 2 Married 3 Widowed 4 Divorced		WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIYE WAR OR DATES				ecity Cubi	nn, Mexica	n, Puerto Rican, etc.)	THE OF NO.		E — American Indian, k, White, etc. #y:White	
COMPLETED	15. DECEDENT'S E (Specify only highest gr		(0	ECEDENT'S Sive kind of a. Do NOT u	work done	CCUPATE during me	ON ost of worki	ng	16b. KIND OF	BUSINESS/IN	DUSTRY		
필	Elementary/Secondary (0-12)	College (1-4 or 5	+)		unta	nt			U.S	. Gov	t.		
BE CON	17. FATHER'S NAME (First, Middle, Last) Robert E. Lee	Thomas	IAME (First, Middle, Malden Surname) Frances Ebert										
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7716 Beech Tree Rd., Bethesda, MD 20817												
	204_METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	206. PLACE cemetery, crit	ematory or o	other placa)				DATE 20c.	LOCATION -			
1 1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	- I Ceda	r all		mete	ND ADDRE	SS OF FA	10.41.04	Suit	tand,	MD	
	Michael	es Mi	lom.	_					's Sons, n Ave,NW		Inata	on.DC 20016	
	23. PART I. Enter the diseases,	or complications the	nt caused the de	eath, Do	not enter	the mo	ode of dy	ing, suc	h as cardiec or re	apiratory a	rreat,	Approximata	
	shock, or heart failur iMMEDIATE CAUSE (Final disease or condition	re. List only one ce	use on each line	€.				-	4			Interval Between Onset and Death	
	resulting in death)	a	MAR A COMPE	CHENCE OF	-67	P	ash	ast.	Heart			1 day	
_		_	(ON AS A CONSE	QUENCE (10-		Do-	1	Ho. A	-Dro	2.00	2000	
CERTIFICATION	Sequentially tlat conditions, if any, leading to immediate cause. Enter UNDERLYING	b. OUE TO	OR AS A CONSE	онемся о	rf):	120	een	3716	OLERM	480	ece	Topic	
TIFIC	CAUSE (Disease or Injury that initiated events	c	OR AS A CONSE	QUENCE O	PF);								
Ä	resulting in death) LAST	d										-	
ابا	PART II. Other aignificent condit	iona contributing to	death but not	reaulting	in the ur	nderiyin	g cause	given in	Part t. 24s. WAS	AN AUTOPSY	246	. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICA	5	in flecte	of de	2en6	RI	ule	ee- b	242	PERI	PORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ.									-			1 TYES 2 NO	
₹ I	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF 0	EATH (Ch	eck only one)				
1 28	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	3 D 004	OTHE	R .	37		6 Other (Specify)				
Ŧ	27. MANNER OF DEATH	26s. DATE O		28b. TIN	E OF	_	JURY AT	esidence	28d. DESCRIBE HO	W INJURY O	CCURED		
	1 Netural 5 Pending	IN	JURY M	WC	DRK?	NO			JOUNES				
TED BY	2 Accident Investigation 3 Suicide 6 Could not a determined	28e. PLACE (M 1 YES 2 NO 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)					28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET		YSICIAN: To the best o										s) and manner se stated.	
	29b. SIGNATURE AND TITLE OF CERTIF				,,	,							
B	Clo la 1	11 20	1	2-			ZWC. LIC	ENSE NUI	7 - 7 7	29d. DA		(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAN	SE OF DEATH ATE	7.2	Drings		1	03	015		Uct.	8, 1992	
	Stephen W. De	iter, M.D	. 6719	Wils	on L	a.,	Beth	esda	, MD 208	317			

SZAREGIATRAR'S SIGNATURE

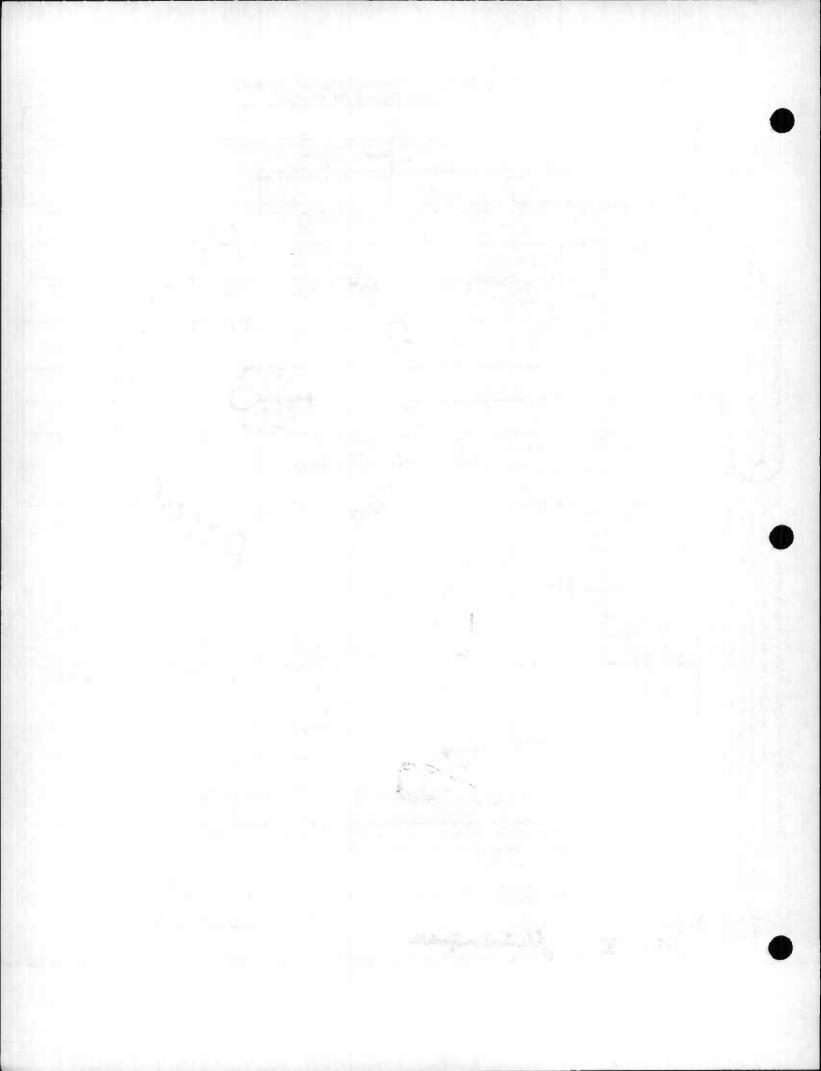


		it. Pages 1, 2, 3 should	
215-0020	ittending physician.	e as the burial-transit perm	
BALTMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. The many in the mospital or attending physician.	O THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the turnal descriptions and be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove.	notified at once.
ALTMORE,	out Paperney by	and a democraty	examiner-ment be
.eo,	d within 24 hours when	mpletely filled in by the cremation, or removal	event, the medical
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	th certificate be execute	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal of the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cramation, or remove	APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar ment be notified at once.
RECORDS,	w requires that the dea	been signed by the att pt. of Health and Menta	3 shows any injury,
ON OF VITAL	JING PHYSICIAN: The la	After this certificate has death with the State De	marked, or item 2
DIVISIO	HOSPITAL OR ATTEND	FUNERAL DIRECTOR: Within 72 hours after 6	TANT: If Item 28 is
	THE OF	TO THE SE	IMPO

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	AIE UF	DEATH	REG. NO	Э.					
	1. DECEDENT'S NAME (First, Middle, Last)	Spink	ć		2. DATE OF DEATH	DAY O	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	2/ B.	BIRTHPLACE (State or Foreign Country) IARYLAND				
~	Se. FACILITY NAME (If not institution, give atreet and number)	10	b. CITY, TOWN OR LOCATION OF DEATH By COUNTY OF DEATH								
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	1705	bre a	Prick,	Marylar	of FI	ecorice				
	MD FREDERICK	10c. CITY, T	REDE	RICK	0		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	6788 SINGLETREE CT.		10	21701		10g. CITIZEN	USA				
B¥	11. MARITAL STATUS 1 Nover Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES	2/L NO	If yes, s	CENDENT OF HISPAP Decity Cuban, Mexica 3 2 NO Specify	NC ORIGIN? (Specify Yon, Puerto Rican, etc.)	es or No- 14.	RACE — American Indian, Black, Whita, etc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re ASSEMBI	done during material.)	ON ost of working	- 9-0	CAN IN	ISTRUMENT				
BE CON	17. FATHER'S NAME (First, Middle, Leat) ELMER MOORE	1		n Surname) E. MI	LES						
TO B	194. INFORMANT'S NAME (Type/Print) ROBIN HOLLOMAN	196. MAILING AD SAME A	DRESS (Street	and Number or Rural I	Route Number, City or To	wn, State, Zip Co.	cle)				
	1 ◯ Burial 2 ☐ Cremation 3 ☐ Ramoval from State	bb. PLACE AND DATE OF D Imetery, cremetory or other NION CEME	plece)			OCATION - City Burto	or Town, Stata				
	21. SIGNATURE OF PUNERAL SERVICENCENSEE BULL B	4=16	22. NAME A	ND ADDRESS OF FA	CIUTY	a Fune	eral Home				
	23. PART I. Enter the diseases, or complications that ceus- shock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS	each line.			h as cardisc or res	piratory screet	Approximate interval Between Onset and Death				
ATION	Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING	, leeding to immediate									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST										
	PART II. Other significant conditions contributing to death	but not resulting in t	he underlyir	g ceuse given in	Part I. 24s. WAS A		24b. WERE AUTOPSY FINDINGS				
MEDICAL					1 TYES	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (Ch	ack only one)						
IYSI	1 YES 2 NO 1 Inpatient 2 FR/Ou	tpetient 3 DOA 4		ne 5 🗆 Residence							
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28b. TIME O	W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knoone) 2 MEDICAL EXAMINER: On the basis of examinant						nuse(a) and manner as stated.				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER KATHLEEN WOODS STEW MD			29c. LICENSE NUN	18ER 73	29d, DATE SH	GNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D Kathlen W. Stern MD, 610	NINHA AVE	Bruis	vict. Ma	1. 21716						
	OCT 13 '92 32. REGISTRAR'S SIG	Adendesia.		,							



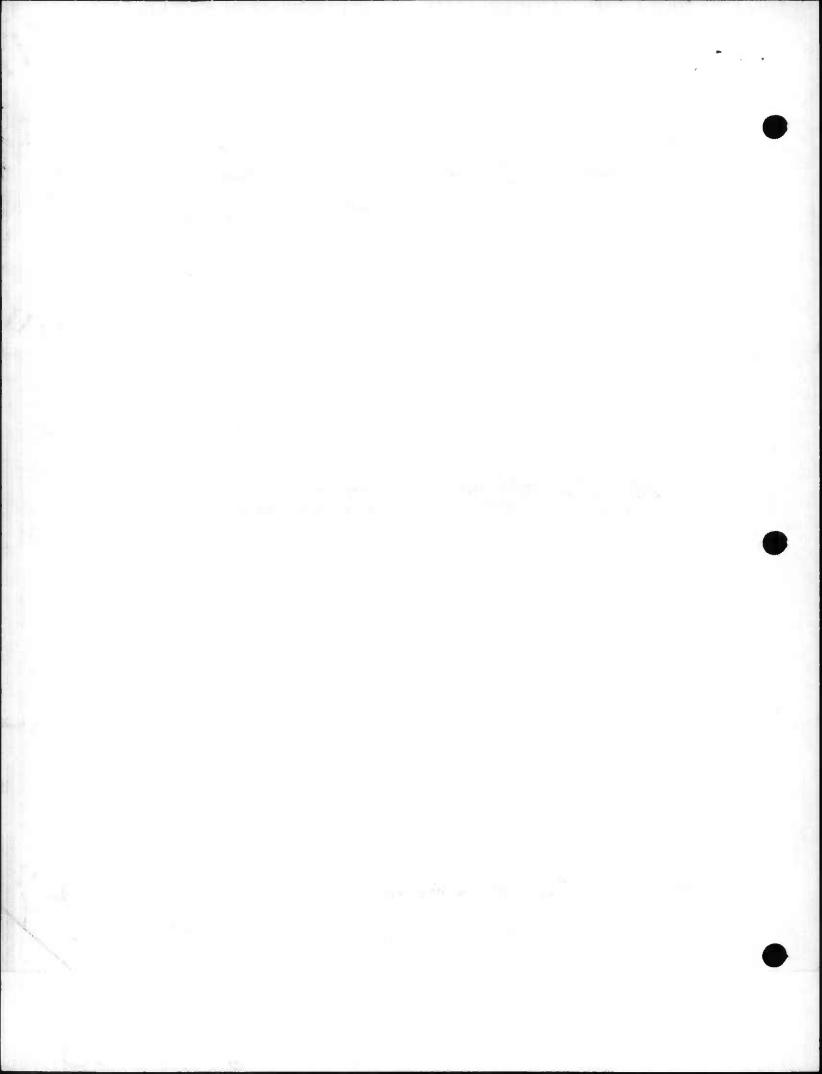
The requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The strong page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a supply of Health and Merial Hygiene prior to burial, cremation, or removal.	
TO THE HOSPITAL OR ATTENDING PROCESSION IN REquires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death mith Sam Debt. or Health and Merial Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is manned of the processing o	10.0

,															
	1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPART	CATI	T OF H	EALTH DEAT	AND I	MENTAL	HYGIEN REG. NO		2 29	1786		
- 1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O		AY	YEAR 3. TIME	OF DEATH		
	Sarah Catherin		er						Oct		1992	8:	07 P. M		
	The second second	5. SEX	6. AGE (In yrs. les		IF UNDER	DAYE	IF UNDER	24 HRS.	7. DATE O	Day Mari		BIRTHPLACE (State or Foreign		
1	277-20-0041	64	YRS.					Oct	. 8,	1927	New Y	York			
OT.	9s. FACILITY NAME (If not institution, give stre	eet and number)		1			R LOCATION	ON OF DE	EATH			Y OF DEATH			
0	BOX 179			Nei	Npri	g _				Cha	rles				
EC	10a. STATE 10b. COUNTY			10c. CITY	TOWN (OR LOCAT	ION					10d. IN	SIDE CITY		
DIE	Maryland Cha	rles		Nev	vbu	rq							MITS?		
AL	100. STREET AND NUMBER 101. ZIP CODE										10g. CITIZE	N OF WHAT CO			
ER	Box 179 Newburg	, Md.				. 2	2066	4			U.	S.A.			
P.		12. WAS DECEDENT	EVER IN U.S. AF	MED					NIC ORIGIN?		s or No- 1	4. RACE - Ame Slack, White,	ricen Indian,		
37.	≥ 1 Wildowed 4 □ Dhomand IF YES, GIVE WAR OR DATES 1 □ YES 2 (1)NO Specify:										Specify:	evc.			
										White					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working the Do NOT use retired.)										STRY					
Elementary/Secondary (0-12) College (1-4 or 5+) Housewife Domestic															
OM	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Ghe kind of work done during most of working Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, List) 18. MOTHER'S NAME (First, Middle, Maiden Sum.														
BE C										Bohan					
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES!	S (Street a	nd Number	or Rural I	Route Numbe	r, City or Tow	m, Stata, Zip C	ode)			
5	Robert Turner Box 179 Newburg, Md. 20664														
	20b. PLACE AND DATE of DISPOSITION OF DISPOSITION DATE														
	4 Donation 5 Other (Specify)		ST.	Tgna'i	er place)	s Ch	nurc	h C	em10.	/ CI	hapel	Point	t, Md.		
	21. SIGNATURE OF THERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY The Huntt Funeral Home, I														
		atthews		58								. 2060	7/1		
	23. PART I. Enter the diseases, or co	mplications that	caused the de	eth. Do no	ot enter	the mo	de of dyl	ng, suc	h as cardi	c or resp	iratory arres	it, A	pproximata		
- 1	shock, or heart failure. Li IMMEDIATE CAUSE (Finel	at only one caus	se on each line).									nterval Between		
	disease or condition resulting in death)	Ovari	ian Ca	ance	r										
		DUE TO (OR AS A CONSE	QUENCE OF):	_									
Z	Sequentially list conditions, b.														
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	QUENCE OF)):										
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	DUENCE OF	le:										
E	resulting in death) LAST		700101	,								j			
S	d.											1			
¥	PART II. Other algnificent conditions	contributing to	death but not i	reaulting in	the ur	nderlying	cause g	given in	Part I.	24a. WAS AN			UTOPSY FINDINGS ILE PRIOR TO		
MEDICAL									_	1 YES	NO D		TION OF CAUSE		
ME												1 🗆 YE	S 2 NO		
PHYSICIAN:															
छ		HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only one)						
\$	1 VES 2 NO	1 Inpetient 2 I		DOA 28b. TIME	_			sidence	8 🗆 Other			7.00			
	1 Natural 5 Pending	(Month, Day		INJU			RK?	T MO	28d. DEŞC	RIBE HOW	INJURY OCCU	RED			
a 2 Accident Investigation									Cural Doubs Nurs	wher					
4 Homicide determined building, etc. (Specify)															
COMPLETED	29a. CERTIFIER 1 VI CERTIFYING PHYSICS	AN: To the heat of a	no benevitados de					San Mark							
M	(Check only one) 1 CERTIFYING PHYSICI 2 MEDICAL EXAMINER:												oner se etete d		
-						promotily the			-vire, usid 8	· · · hince' Bi	- one to tue	censels) sud we	HERET ES HIROG.		
			-	_											
TO BE CO	296 SIGNATURE AND TITLE OF CERTIFIER	Lm L	M 0	. 41 -			29c. LICE	NSE NUM			29d, DATE S	BIGNED (Month, I			

D01009

Henry L. Burke

La Grange Ave. La Plata, Md. 20646



	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF I	DEATH			3. TIME OF DEATH	
	Lorraine Je		8. AGE (In yrs, Is	at hirthday)	IE UNDEI	R 1 YEAR	ic tourse	R 24 HRS.	Octobe	er 8			11:25 A M		
	579-26-1435		5. SEX 1 M 2 M F	65	.5.7	MONTHS	DAYS	HOURS	MIN,	(Month, De	y, Year)		Country	n) /land	
	9a. FACILITY NAME (If not in	stitution, give at	treet and number)	- 03		9b. CITY	Y, TOWN	OR LOCAT	ION OF O			9c. COL	INTY OF DE		
DIRECTOR	Malcolm Gro	W USAF	Medical	Center		And	drew	ews AFB, MD				Prince Georges			
E	10s. STATE	10b. COUNTY	1		~	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?	
0	Maryland	Char	les		Br	yans					1 TYES				
¥	10a. STREET AND NUMBER						f. ZIP COD						HAT COUNTRY?		
FUNERAL	26 Dakota S	IT EVER IN U.S. A	20616					. 10 . 10		ted S					
BY	1 Never Married 2 3 3 Widowed 4 Divo		FORCES? 1	YES 2 X	ES 2 X NO If yes, specify Cuban, Me					n, Puerto Rica		Black, Spec#)			
COMPLETED		EDENT'S EDU		1 0	ECEDENT'S Give kind of	work done	during m	ON out of work	ing	16b. KIN	ID OF BUS	SINESS/IN	DUSTRY		
9	Elementary/Secondary (0	12)	College (1-4 or 5	+)	b. Do NOT us	se retired.)				D	. 4	1			
MP	7th	Iriciin I mat)	0	Iwan	tress			4e MM	THE D'C N	ME (First, Midd	staur		_		
ö	Thomas Mood									a 0. Ca		,			
BE	19a. INFORMANT'S NAME (7	·		1	96. MAILING	ADDRES	S (Street						ip Code)	20605	
9	Debra I. Ri	ce		F	Rt. 1	Box	406	A Bi	11 i n	gsley	Rd.	Whit	e Pla	20695 ins, MD.	
	20a METHOD OF DISPOSIT	ION on 3 🗆 Rem	oval from State	other t	OF DISPO			•					City or Tov		
	4 Donation 6 D Other	(Specify)		- Chris	t Epi	s. (Chur	ch Ce	em.	10-13-9	2 (Clini	ton, I	Maryland	
	21. SIGNATURE OF FUNERA	Mark G. Broha					name A	untt ox 1	Fund 56. I	eral Ho Valdori	ome, f. Ma	Inc	and	20604	
	23. PART J. Enter the d		complications the											Approximate	
	IMMEDIATE CAUSE (Findisease or condition	nal	Left I			n en ima	ากร์ ส							Interval Between Onset and Death	
	resulting in death)			(OR AS A CONSI			JIILG								
NO	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):														
SAT	if any, leading to imme cause. Enter UNDERLY	ING	6	(**************************************		. ,.									
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting In death) LAST														
GE		-	d	W											
MEDICAL	PART II. Other significa	int condition	e contributing to	death but not	rasulting	In the u	nderlyir	g cause	given in	Part I. 24	e. WAS AN PERFOR	AUTOPSY	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
ă										1	YES 2	NO 🖟		COMPLETION OF CAUSE OF DEATH?	
77	-			·	· · · · · · · · · · · · · · · · · · ·		_			-				1 YES 2 NO	
AN	25. WAS CASE REFERRED T	O MEDICAL					26. F	LACE OF	DEATH (C)	neck only one)					
Sic	EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHE 4 No	R:			6 Other (S	paciful.				
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5	Pending Investigation	28a. DATE O (Month, i	FINJURY	26b, T/8		28c. IN	JURY AT ORK? YES 2		28d. DESCRI		INJURY O	CCURED		
TED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE (building	OF INJURY — At t	nome, farm,	street, fac	ctory, offi	ce		26f. LOCATH City or T	ON (Street own, State)		er or Rural R	oute Number,	
COMPLETED	Toniour any		ICIAN: To the best of											and manner as stated.	
	29b. SIGNATURE AND TITLE						Spr. Morely		CENSE NU		present at			(Month, Day, Year)	
38 C	outs	Mi	w											er 8,1992	
2	30 NAME AND ADDRESS O				EM 27) (7/p)	,				USAF			Cente	r	
	31. DATE FILED (Month, Day.		32. REGISTR	AR'S SIGNATURE			Andr	ews	AFB,	MD 20	331-	2300			
		3 '92		hie Davidso		delle									

The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

The has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should have not beath and Mental Hyglene prior to burlat, cremation, or removal.

The law requires that the death certificate be executed within 24

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

the contract of the property of the contract o

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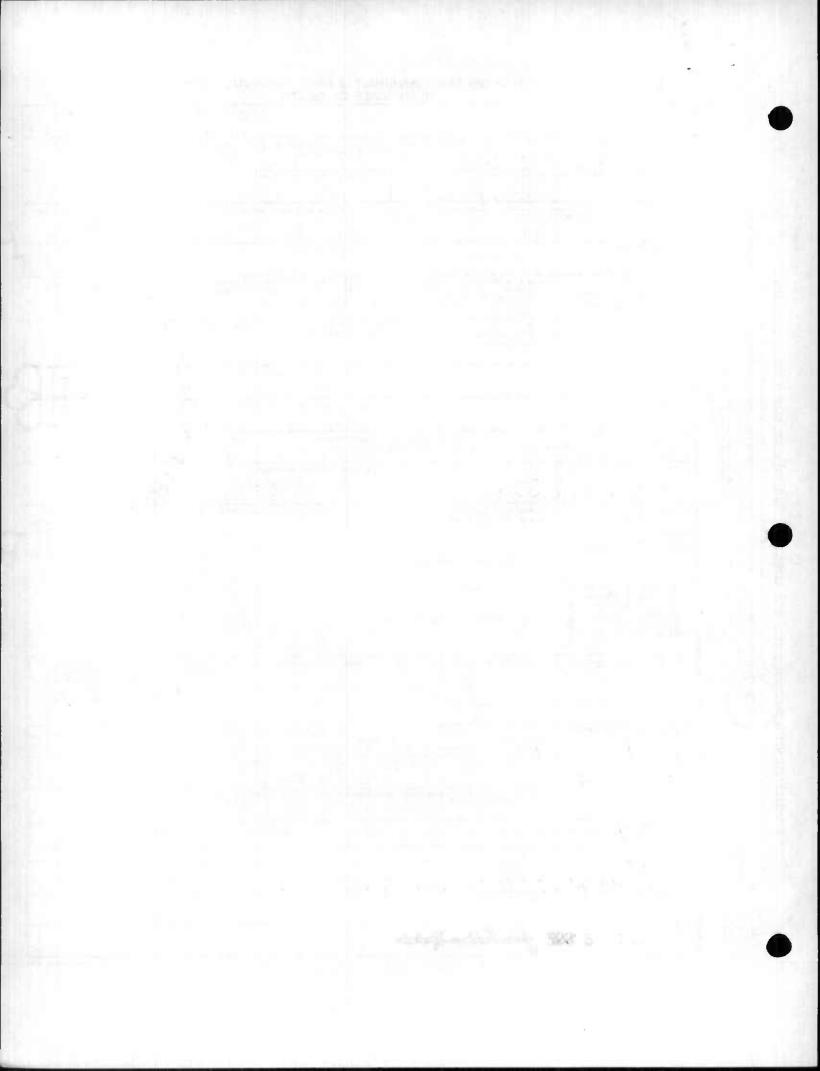
The time demonstrate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The manner of physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the mean regions prior to burial, committing or removal.

The injury, or either traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Arrestees TO THE FUNERAL DIRECTOR: After this certificate to fised within 72 hours after death with the State and of Hanti IMPORTANT; If Item 28 is marked, or them 22 hours

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
R	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEAL CATE OF DE		REG. NO.			
18	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				
	Herbert Milton TURNEY				OCT. 6, 1992 1000 P				
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF U		TE OF BIRTH onth, Day, Year)	B. BIRT	INPLACE (State or Foreign	
	216-01-6134	1 M 2 □ F 7.	5 YRS.	The state of the s	Ap			ryland	
œ	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF D						c. COUNTY OF	OEATH	
DIRECTOR	Garrett County Memorial Hospital Oakland Garrett								
HE (10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?	
	MD Garrett M			Mt. Lake	It. Lake Park			1 N YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			101. ZIP (10f. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?	
Ä	607 P St.			21550			USA		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER (FORCES? 1 X YES	2 NO ATES			ORIGIN? (Specify Yes or No— Black Puerlo Rican, etc.) 14. RACE Black Specif		CE — American Indian, ck, White, atc. celly:	
-	15. OECEDENT'S EOUCATION 16a. OECEDENT'S US			UAL OCCUPATION 16b. KIND C			F BUSINESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	done during most of watered.)	onling				
MP	12th	12th Painter				Home Painting			
00	17. FATHER'S NAME (First, Middle, Last)			10.1	18. MOTNER'S NAME (First, Middle, Melden Surneme)			09/17	
BE	Aza Milton Turney				Alice Wells I			ttle	
10	19e. INFORMANT'S NAME (Type/Print)			DRESS (Street and Nu			tete, Zip Code)	1 1 1	
-	Wendall R. Tur	ney	1610 R	eynolds F	oad,Lake	land, FL	33801		
	20a. METHOD OF DISPOSITION 1 Description 2 Commention 3 Description 3 De		petery, crematory or other		1		ION — City or	THE STREET	
	4 Donation 5 Other (Specify)		metery, cremetory or other mega Crem)/9 Morg	antown	West Va.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home								
	32 S. Seocnd St., Oakland, MD 21550								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							5-6 Year	
A	PART II. Other significent condition Anemia, Congest	ona contributing to death live Heart Fai	out not resulting in t	he underlying cau	se given in Part i.	PERFORME	92	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDIC						1 - YES 2 (t)	NO	OF DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only cont.)							•	
2	EXAMINER? HOSPITAL: OTHER:								
5		28a. DATE OF INJURY		Nursing Home 5			mi 000110F0		
7	27. MANNER OF DEATH	(Month, Day, Year) INJURY WORK?			2 NO 28d. 1	28d. DESCRIBE HOW INJURY OCCURED			
	27. MANNER OF DEATN 1 Netural 5 Pending								
B	1 Natural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY	/ — At home, farm, stre	1 1 120		OCATION (Street end	Number or Rum	Route Number	
B	1 Natural 5 Pending 2 Accident Investigation	28e PLACE OF INJURY	(— At home, farm, stre- city)	1 1 120	28f. L	OCATION (Street and lity or Town, State)	Number or Rural	Route Number,	
B	1 Netural 5 Pending Investigation 2 Accident 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	28e. PLACE OF INJURY	city)	et, factory, office	28f. L	cause(e) end manner	ee stated.		
COMPLETED BY	1 Netural 5 Pending Investigation 2 Accident 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	28e. PLACE OF INJURY building, etc. (Spe //SICIAN: To the best of my know NER: On the beels of examination	city)	et, factory, office It the time, date end p In my opinion, death o	28f. L	csuse(e) end manner	ee stated.		
BE COMPLETED BY	1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. SIGNATURE NO TITLE OF CERTIF	28e. PLACE OF INJURY building, etc. (Spe // SICIAN: To the best of my know NER: On the bests of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of the	riedge, death occurred a	et, factory, office It the time, date end p In my opinion, death o	lace, end due to the coursed at the firm, d	csuse(e) end manner	ee stated. ue to the cause	(a) and manner ea stated.	
COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	28e. PLACE OF INJURY building, etc. (Spe SICIAN: To the best of my know NER: On the beels of examination of the beels of examination of the beels of examination of the beels of examination of the beels of examination of the beels of examination of the beels of examination of the beels of th	riedge, death occurred a	et, factory, office It the time, date end p n my opinion, death o	28f. L C lace, end due to the coured at the firme, d	cause(e) end manner ate and place, and di	ee stated. ue to the cause	(a) and manner es stated. O (Month, Day, Year)	



BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: If Item 28

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			EHIIF	ICALI	E UF	DEAL	H	F	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last DOMINIC MICH.		TERLIZZ	I					2. DATE OF MONTH Oct.	DAY	1992	YEAR	3:30 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. in	ast birthday)		R 1 YEAR	IF UNDER	24 HRS.	7 DATE OF	DIETH			LACE (State or Foreign
201-26-0406	1 🔀 M 2 🗆 F	91	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct.	20,19	900	Ital	
9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY	r, town (OR LOCATIO	ON OF DE				NTY OF DE	,
Rt. 4 Box 6849				00	klan	d				Ca	rrett	
RESIDENCE OF DECEDENT				Ua	KLali	u				Ga	ITELL	
10a. STATE 10b. COUN	TY		10c. CIT	ry, town	OR LOCAT	TION						10d. INSIDE CITY
1101) 10110	arrett			0a	klan							LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER					10	. ZIP CODE				10g. CIT	IZEN OF WH	IAT COUNTRY?
Rt. 4 Box 6849						215	550				US	A
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2			If yes, sp		n, Mexica	NIC ORIGIN? (S an, Puarto Rica ly:		or No—	14. RACE - Black, Specify	- American Indian, White, etc.
15. DECEDENT'S EE (Specify only highest gra-			DECEDENT'S	work done	during me		0	18b. Kif	ND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) H	ylor	rae retired.)				Ga	rmen	t		
17. FATHER'S NAME (First, Middle, Last)		1 14	,101	22	, 01	,					_	
	m.	erlizzi				-		AME (First, Midd	m, Malden S	sumame)	Dese	nossisi
Rocco	16							igelo				nossisi
19a. INFORMANT'S NAME (Type/Print)		1						Route Number,				
David Terlizzi			Rt.	T B	ox 6	884		0aklar	id, Me	d. 2	1550	
20e, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	Ome g	e of dispo	emat c	ame of ce ory	metery, crem	netory or				OWN, V	v. Va.
* Kolenty	Duct	M00167	,	22.		nd Address			_		Box 2	243 Md. 21550
ahook, or heart failure IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants	a. Due to	OR AS A CONS	Plans EQUENCE O	Myle OFF:	mln	2						Interval Between Onset and Death Ferry Heary
PART II. Other aignificant condition	dona contributing to	death but not	t resulting	in the u	nderlyin	g cause (given in		PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	EATH (C/	heck only one)				
EXAMINER? 1 ☐ YES 2 ☒ NO	HOSPITAL:	ER/Outnatiant	3 DOA	OTHE 4 Nu		ne 5 DE R	aldance	6 Other (S	maciful.			
27. MANNER OF DEATH 1 🔀 Natural 5 🗌 Pending	28a. DATE OF (Month, E	INJURY	28b. TII		28c. IN.	JURY AT DRK? YES 2		28d. DESCR		OO YRULY	CURED	
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE C	OF INJURY — At , etc. (Specify)	home, farm,	street, fac				281. LOCATIO	ON (Street a fown, State)	and Numbe	or or Rural Ro	oute Number,
anal .							red at the	e time, date an		d due to t	he cause(a)	and manner as stated.
Jaem	Vy ho											r 13, 1992
30. NAME AND ADDRESS OF PERSON N Robert Coughlin		SE OF DEATH (IT	TEM 27) (Typ	e, Print)								
31. DATE FILED (Month, Day, Year) OCT 1 3 193	2 REGISTR	AR'S SIGNATURE	AGL	,								

ASSESSED TO TOO

5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

e ho	letach	once.
by th	pe	#
med	pino	Red
reta	5 54	noti
y be	age	9
5 ma	tor.	Test.
age	direc	10
TO THE HOSPITAL OF ATTENDING PRISIDENT The taw requires that the death certificate be executed within a four after death. Page 6 may be retained by the hos	TO THE FUNERAL DIFFICIAL AMENDMENT TO BE Seen signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be seen within 72 minutes and Mental Molene erior to burial, cremation, or removal.	IMPORTANT: If Item 28 is writing for Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ter de	the f	6
rs af	Je P	dic
3	ed i	Ē
5	aly fi	#
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requi	of H	how
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10

29a. CERTIFIER CER	TIFYING PHYSIC	CIAN: To the beat of	my knowledge, d	eath occur	ed at the	Ilma, date	and place	, and due	to the cau	ise(a) and ma	nner en state	d.	
3 Suicide 6 4 Homicide	Could not be detarmined	building,	F INJURY — A1 ha				ш		City	ATION (Street or Town, State,			oute Number,
27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	28a. DATE OF (Month, D		28b. TIA	ME OF JURY M		JURY AT ORK? YES 2	□ NO	26d. DES	CRIBE HOW	NJURY OCC	URED	
EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 - Nu	R: rsing Hon	ne 5 🗆 Ro						
25, WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF D	EATH (Ch	eck only on	o)			
										1 TYES 2	Z NO		OF DEATH? 1 YES 2 NO
PART II. Other eignifica	int condition	contributing to	death but not	resulting	in the u	nderlyin	g cause :	given in	Part I.	PERFOI	RMED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE
DART II Other clouble	ma con distance des		d ab. b a a		1. 40							1.:	+
CAUSE (Disease or Injuthat initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	QUENCE O	F):								
if any, leading to imme cause. Enter UNDERLY	diete ING	DUE TO	(OR AS A CONSE	OVENCE O	F):	1							
Sequentielly list condit	lons.		ronar	-		tery	C	lis	eas	_			
resulting in deeth)	→ ,		OR S A CONSE		F):	lan	T c	19/	(0)				
IMMEDIATE CAUSE (FI			,	*	6	100	+	C	1/1	00			Onset and Das
23. PART I. Enter the d shock, or h		omplications that list only one cau			not ente	r the mo	de of dy	ing, auci	h as cerd	liac or reap	iratory arre	at,	Approximate interval Between
> Stc ?	·	ith								e, 440 yland			s reraild k
21. SIGNATURE OF FUNERA		ENSEE			22.	NAME A	NO ADDRE	SS OF FA					s Island R
20a. METHOD OF DISPOSIT 1 X Burlal 2 Crematic 4 Donation 5 Other		wel from State	20b. PLACE other pi	lece)							cation — c lkirk		m, Busta ryland
Clarence Th				_					, MD	20657			
194. INFORMANT'S NAME (ype/Print)						and Number	or Rural F	Route Numb	er, City or Tow		Code)	
Abel Amburg									Shou		Surname)		
Grade 6	(445-4-0)		Но	usewi	fe			.==		Home		_	
(Specify on Elementary/Secondary (I	y highest grade i	College (1-4 or 5 +) (G	live kind of a Do NOT us	work done se retired.)	during me	st of working	g				-1111	
2	EDENT'S EDUC	ATION	16a DE	CEDENT'S	IISHAL O	CCUPATION	na		145	KIND OF BU	EINESS /INDI	Whi	te
1 Never Married 2 3 Wildowed 4 Dive		FORCES? 1 IF YES, GIVE W	YES 2 X	NO		If yes, ap	ecify Cube	n, Maxica	n, Puarto F		3	Specifi	- American Indian, White, etc.
13654 Olive	t Road	12. WAS DECEDEN	EVER IN 11 Q AS	RMED	19		20657		IIC OBIGIN	? (Specify Yea	U.S.		an American Indian
100. STREET AND NUMBER						101	. ZIP CODI				10g. CITIZ	EN OF W	HAT COUNTRY?
Maryland	Calve	rt		Lus		on coun	IION						LIMITS?
RESIDENCE OF DEC				I too CIT	Y, TOWN								10d. INSIDE CITY
Calvert Men							Fred				Calv		AIR
215-70-9465		1 M 2 F	83	YRS.	Sh CITY	/ TOWN (OR LOCATIO			20, 19	9c. coun		ginia
4. SOCIAL SECURITY NUMBER	70	6. SEX	6. AGE (In yrs. las	,,,,,	IF UNDER	DAYS	IF UNDER	24 HRS.	(Month	OF BIRTH , Day, Year)		. BIRTHE	LACE (State or Foreign
Tina Mae Th	acker								Oct.	12,	992	YEAR	1:28 6
	Middle, Last)									OF DEATH			3. TIME OF DEATH

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

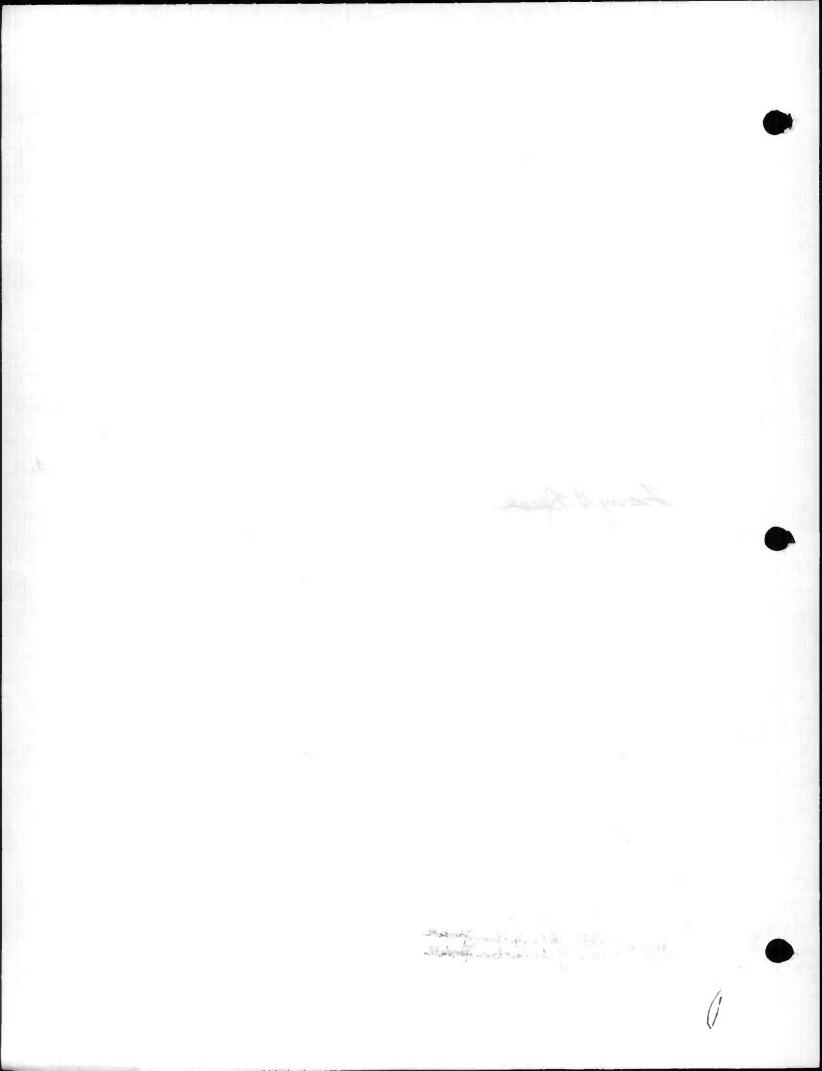
Charles W. Bennett, M.D. 11845 H. G. Trueman Rd; Lusby, Maryland 20657

31. DATE FILED (Month, Day, Year)
OCT 13 1992 32. REGISTRAR'S SIGNATURE Julia Savidson Randelle

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIANT TENTO THE FUNERAL DIRECTOR: After the conflictate has be fixed within 72 hours after death with the Sitter (Manual Annual A

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		IENTAL HYGIENE	E	63/3/
	1. DECEDENT'S NAME (FIRST MINOR LINE	PH JOSEPH 7	HVWI	45		2. DATE OF DEATH DATE OF DEATH	4 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-14-4580 9a. FACILITY NAME (If not institution, give	1 M 2 🗆 F 8	n yrs. lest birthday) 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) 5 13 191	0	BIRTHPLACE (State or Foreign Country) MARYLAND
CTOR	3583 RIVA ROAD	street and number)		DAVIDS	NVILLE	ATH .	-14	Y OF DEATH NE ARUNDEL
DIRE	10a. STATE 10b. COUN	E ARUNDEL		IDSONVIL				10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERAL	100. STREET AND NUMBER 3583 RIVA ROAD			100	ZIP CODE 21035		U.S.	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Mover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XXO	13. WAS OECE If yes, spe 1 YES	cify Cuban, Mexican,	C ORIGIN? (Specify Yea , Puerto Rican, atc.)	or No- 14	Black, White, etc.
ONCE.	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)	UCATION te completed) College (1-4 or 5+)	16a. OECEDENT'S (Give kind of w life. Do NOT us CONSTR		N t of working	16b. KIND OF BUSI	INESS/INDUS	ITRY
TO BE COM	17. FATHER'S NAME (First, Middle, Last) EMANUEL THOMAS					ULIA STEWA		
9	190. INFORMANT'S NAME (Type/Print) MARY BODLEY 200. METHOD OF DISPOSITION		2611	RUTLAND	RD. DAVII	DSONVILLE,		
er must	1)XLMburiel 2 Cremetton 3 Rer 4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE L	moval from Stata	PLACE AND DATE OF	PER DISPOSITION (Name of the CHURCH	CEMETERY ADDRESS OF FACE	10/8/92		DSONVILLE, Ma
al examir	Farry H. 7	Peese		REESE 821 WE	& SONS M	ORTUARY, F	MD, 2	1401
or other traumatic event, the medical examiner must	23. PART I. Enter the diseases, or shock/or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. DUE TO (OR AS A	eguti	n Hea Hastu	e of dying, auch it fai til Q	es cardiac or reapire	story arread	t, Approximata Interval Between Onset and Death
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COUNTY OF TO TO TO TO TO TO TO TO TO TO TO TO TO	CONSEQUENCE OF			y.		0
MEDICAL	PART II. Other algnificant condition	ns contributing to death bu	it not resulting li	n the underlying	cause given in Pa	24a. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10	HOSPITAL: 1 Inpatient 2 ER/Outpa	itlent 3 DOA	26. PLA OTHER: 4 □ Nursing Home	CE OF DEATH (Check	k only one)		
BY PHYSI	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 YE	K?	28d. OEŞCRIBE HOW IN.	JURY OCCUR	IED
ETED	3 Suicide S Could not be detarmined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, term, st	treet, factory, office	2	281. LOCATION (Street an City or Town, State)	d Number or I	Rural Route Number,
MPORTANT: If Item 28 is marked, O BE COMPLETED BY PH		ER: On the beat of my knowla						ause(a) and manner as stated.
TO BE	MCharles of Gentifie	Denta	W		29c. LICENSE NUMB	438	29d. DATE SI	IGNED (Month, Day, Year) 0 5 9 2
	30 NAME AND ADDRESS OF MERSON W	COMPLETED CAUSE OF DEAT	00 R10G	LEY A	/E 170	ANNAP	OLUN	121401
	OCT - 8 1992	White Davidson	Julie.			,		

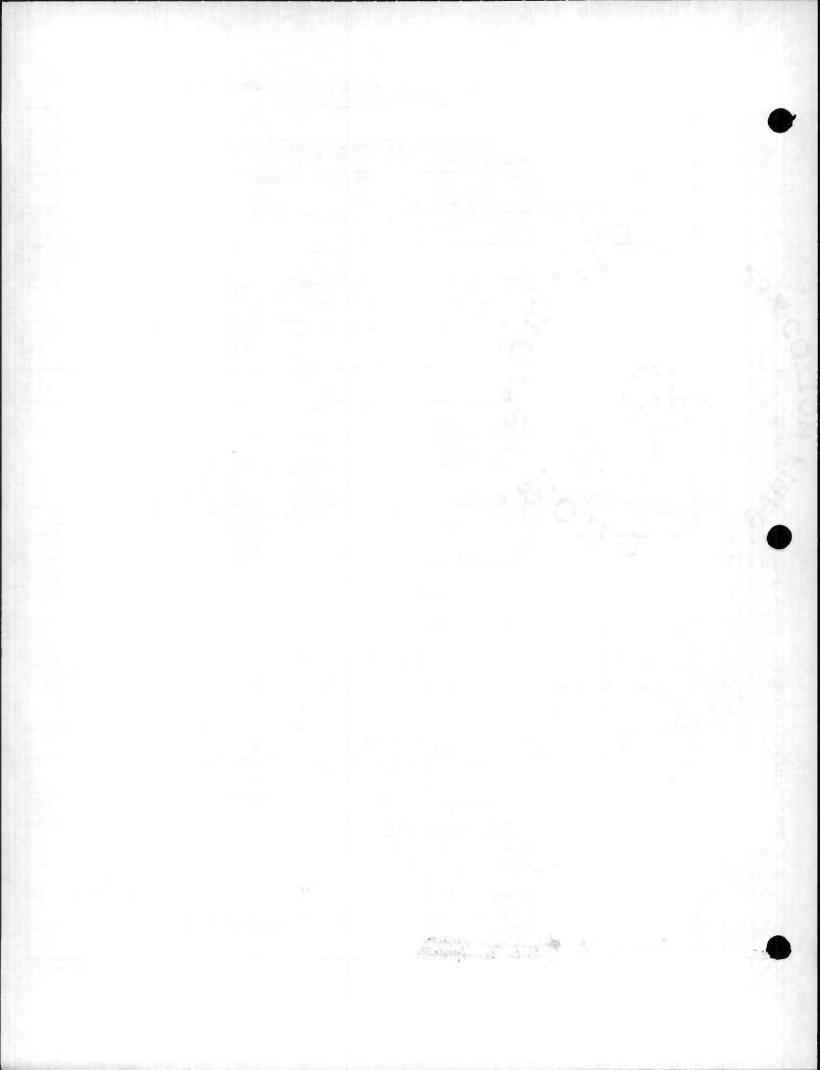


BALTIMORE, MARYLAND 21215-0020 its after death. Page 6 may be retained by the hospital or attending physician.

DIVISION DE VITAL RECORDS, P.O. BOX 68760,

HE PARTICLE. The recognitives that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The recognition was been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within a completely higher prior to burial, cremation, or removal.
THE HUSPITAL OR ATTENDING THE FUNESAL DRECTOR. After within 72 hours after dual ORTANT: If item 28 is man

1. DECEDENT'S NAME (First, Middle, Last) IF'R	RALIN L. I	TIRNER						2. DATE OF DEATH	1992	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDE		7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
214-52-8196	1 M 2 KF	43	YRS.	MONTHS	DAYS	HOURS	MIN,	1 28 19	49	D	".C.
9a. FACILITY NAME (If not institution, give a ANNE ARUNDEL ME	itreet end number) EDICAL CEN	ITER		96. CITY AN	NAPO	LIS	ON OF DE	ATH	ec. AN	NE OF	RUNDEL
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT MARYLAND ANN	Y NE ARUNDEI		10c. CIT	y town o	OLIS	TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
1454 C LOG INN	N RCAD				101	ZIP 600 2140	1	16.5	10g. Cl	U.S	what country?
11. MARITAL STATUS 1 Arever Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. YES 2 F	ARMED HIO	13.	WAS DEC	ENDENT Cube	OF HISPAN In, Mexica Specify	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No-	14. RACI Black BLAC	E — American Indian, k, White, etc.
15. DECEDENT'S EDU (Specify only highest grade		16a,	DECEDENT'S	USUAL O	CCUPATIO	ON at of worki	na	16b. KIND OF I	BUSINESS/IN	IOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	IN	ERNAL	se retired.)					STAT		
17. FATHER'S NAME (First, Middle, Last)	. 16-10			100		18. MOT		ME (First, Middle, Maid EN STEVEN			
WILLIAM TURNER		1	105 MAII 1510	Annese	/Q0mm=1	and Museum		Oute Number, City or 1		- 0	
HELEN STEVENS		100						NAPOLIS,			
20a, METHOD OF DISPOSITION 1 (C) Sourial 2 Cremetton 3 Rem 4 Donation 6 Other (Specify)	noval from State	cemetery.	CE AND DATE OF CORPORATE OF COR	ther place)			FDV		LOCATION -		Wn, State GARETS, MD.
21. SIGNATURE OF FUNERAL SERVICE LIN	Ross	INSBU	NI DNO	22. R	NAME AN EESE	& S	SS OF FA		P.A.		
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST	c	or as a cons	SEQUENCE OF	F):	es ar	<u></u>	Ca	rcinor	~~		Onset and Dast
PART II. Other significant condition		seath but no								246	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
- 10					3.			ock only one)			0
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	A 25 34		OTHER	1.				6		
EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: hpatient 2 26e. DATE OF I (Month, Day	NJURY	28b. TIM	4 - Nur	28c. INJ WO	URY AT		28d. DESCRIBE HOV	Ener or	TG EV	cy Koom
EXAMINER? 1 PES 2 PO 27. MANNER OF DEATH	26e. DATE OF I (Month, De	NJURY y, Year)	28b. TIM	4 Nur E OF URY M	28c. INJ WO 1 1	URY AT RK? 'ES 2			et and Numbe		Ty K. O.S. m.
EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Sprural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only	26e. DATE OF (Month, De) 26e. PLACE OF building, e	NJURY y, Year) INJURY — Al ric. (Specify) Iny knowledge,	28b. TIM INJ home, term, s	E OF URY M	28c. INJ WO 1 1 1 ory, office	URY AT RK? 'ES 2 [NO NO	28d. DESCRIBE HOW 28f. LOCATION (Streetly or Town, State to the cause(s) end in	et and Numbe te)	or or Rural f	Toute Number,
EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Sprural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only	28e. DATE OF I (Month, Date of pullding, e	NJURY y, Year) INJURY — Al ric. (Specify) Iny knowledge,	28b. TIM INJ home, term, s	E OF URY M	28c. INJ WO 1 1 1 ory, office	URY AT RK? 'ES 2 [NO NO	28f. LOCATION (Stree- City or Town, Sta to the cause(s) end in time, date end place,	et and Numberte) nenner as str	or or Rural F sted. the cause(s	
EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Spitural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE OF THE CONCENTION 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	28e. DATE OF I (Month, Date of pullding, e	NJURY (, Year) INJURY — At the (Specify) my knowledge, amination end/	28b. TIM INJ	4 Nur E OF URY M street, fact ad at the the then, in my of	alng Hom 28c. INJ WO 1 1 1 ory, office	URY AT RK? 'ES 2 [, and due red at the ENSE NUM	28f. LOCATION (Stree- City or Town, Sta to the cause(s) end in time, date end place,	et and Numberte) nenner as str	or or Rural F sted. the cause(s) end manner as stated.



Thes that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

Figured by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should reath and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLANI	TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate hear been ligned by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shaws any injury, or other traumatic event, the medical examiner must be notified at once.
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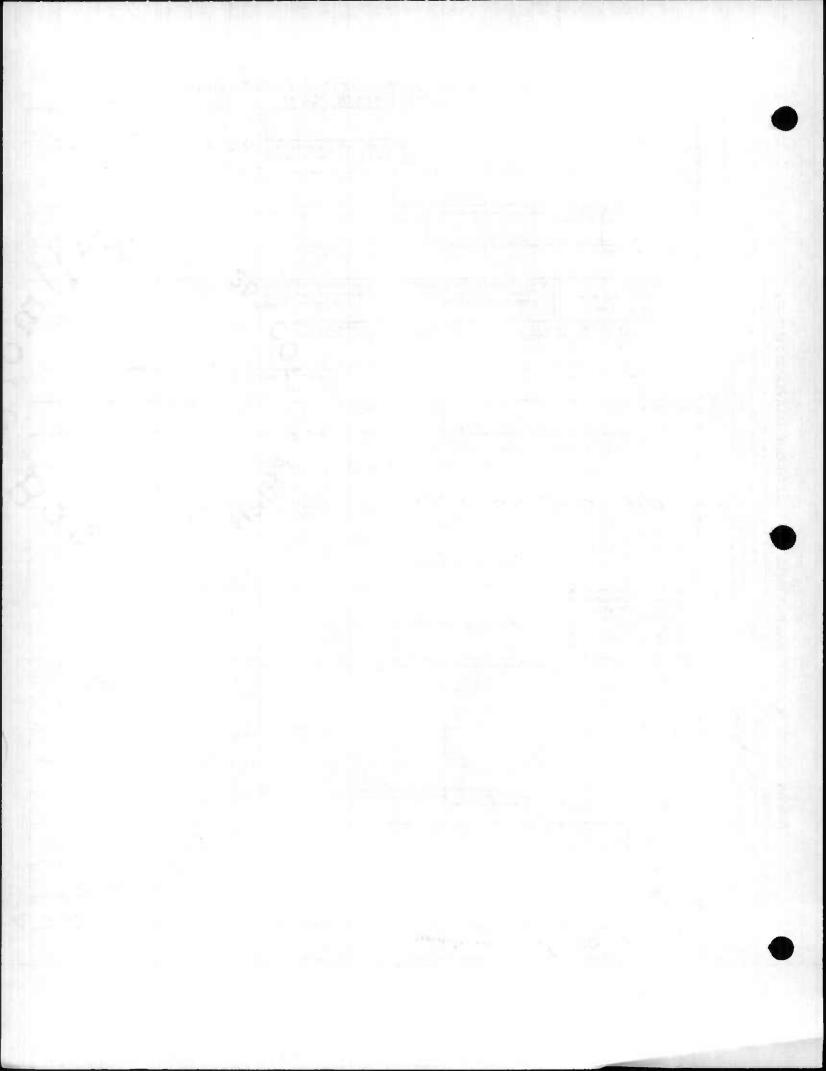
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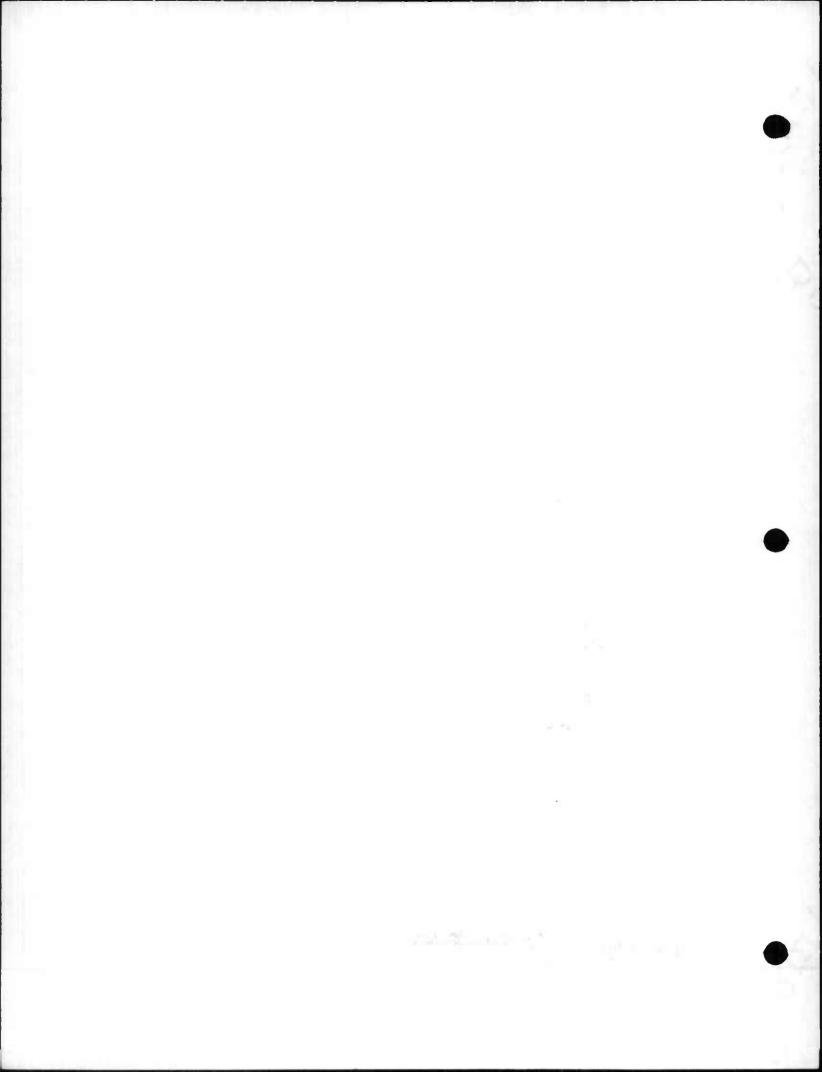
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17. FATHER'S NAME (First, Middle, Last) Truong Tai 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nguyen Viet Quang 11611 Lockwood Drive, Silver Spring, MD. 20904 20b. PLACE AND DATE of Cemetary, crematory or other place) 1 Burlet 2 XZ Cremation 3 Removal from State 1 Donation 6 Other (Specify) 20b. PLACE AND DATE of DISPOSITION (Name of Cemetary, crematory or other place) 1 Devol Funeral Home 10 E. Deer Park Dr., Gaithersburg, MD. 2 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home 10 E. Deer Park Dr., Gaithersburg, MD. 2 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiac or respiratory arreat, interval Behavior of the place) 10 E. Deer Park Dr., Gaithersburg, MD. 2 25. NAME AND ADDRESS OF FACILITY DeVol Funeral Home 10 E. Deer Park Dr., Gaithersburg, MD. 2 26. Location — City or Town, State 27. NAME AND ADDRESS OF FACILITY DeVol Funeral Home 10 E. Deer Park Dr., Gaithersburg, MD. 2 27. NAME AND ADDRESS OF FACILITY DeVol Funeral Home 10 E. Deer Park Dr., Gaithersburg, MD. 2 28. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiac or respiratory arreat, interval Behavior and the caused the deeth. Do not enter the mode of dying, auch as cerdiac or respiratory arreat, onest and disease or condition 1 Devol Funeral Home 1 Devol Funeral Home 2 Devol Funeral Home 2 Devol Funeral Home 2 Devol Funeral Home 2 Devol Funeral Home 2 Devol Funeral Home 2 Devol Funeral Home 3 Devol Funeral Home 4 Devol Funeral Home 4 Devol Funeral Home 4 Devol Funeral Home 5 Devol Funeral Home 6 Devol Funeral Home 1 Devol Funeral Home 1 Devol Funeral Home 2 Devol Funeral Home 2 Devol Funeral Home 2 Devol Funeral Home 3 Devol Funeral Home 4 Devol Funeral Home 5 Devol Funeral Home 6 Devol Funeral Home 1 Devol Funeral Home 1 Devol Funeral Home 1 Devol Funeral Home 1 Devol
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25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO
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27. MANNER OF CEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO
1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation (Month, Day, Year) INJURY 1 YES 2 NO
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3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		415-38-1635		5. SEX	6. AGE (In yr	s. lest birthday) Q YRS.	MONTHS	DAYS	HOURS MM.	7. DATE OF BIR (Month, Day,	bar)	Count	**
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Pages	DIRECTOR	Momus Jones	10b, COUNT				TY, TOWN O						10d. INSIDE CITY LIMITS?
ilit.		Maryland	Mont	gomery		Si	lver	_	ING M. ZIP CODE		1.00-1	DITITION OF	1 YES 2 X NO
8	FUNERAL	3330 North	Leisur	re World	Blvd.	. #126		"		906			States
020 physician bertis-tran	2	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	S. ARMED	13. V	MAS DE	CENDENT OF HISPA	NIC ORIGIN? (Spec	Ify Yes or No-	_	E — American Indian, k, White, etc.
	BY	1 Never Married 2 X 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE V		3			pecify Cuban, Mexico S 2 X NO Speci		€C.)	Spec	elly:
215-0 attending se as the			EDENT'S EDU	ICATION .	WW I	a. DECEDENT'S	l lieuw oc	VOLIBAY:	1011	day Minin		1	White
712 or all	COMPLETED	(Specify onl) Elementary/Secondary (0	y highest grade	College (1-4 or 5			work done o		iost of working		OF BUSINESS		
0 % 2	집	Living in Secondary (c	-12)	4		Nuclea:	r Eng	ine	er	Comn	ear Re	gurai	rora
AND he hosped detached once.	Š	17. FATHER'S NAME (First, M	iddle, Lest)							AME (First, Middle, i	Walden Surnam	•)	
H P	BE	William El		Thompson	ı, Sr.				Clemmi	e Flowe			
and the second	2	19a, INFORMANT'S NAME (7							and Number or Rural	Route Number, City	or Town, State,	Zip Code)	
		Edith B. T					ame a						
8 4 E		20a. METHOD OF DISPOSITI		noval from State	cemeter	ACE AND DATE y, crematory or h i i chan	other plece)	n) MOITI	lame of		oc. LOCATION		
Page al dire		1 Buriel 2 L/Cremation 3 Removal from State Connection 5 Other (Specify) 10-13 Silver Spring											ilg, Marytanu
BALTIMO ter death. Page the funeral direct oval.		Rapp Funeral Services, P. A. 933 Gist AVvenue, Silver Spring, MD 20910											
hours after od in by th or remove		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between											
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onse												Onset and Death
nation .		disease or condition resulting in death)	→	S	100	Vasi	al	Le	hu	of Ou	reco		2 years
D 0 - 6	_	DUE TO (OR AS A CONSEQUENCE OF):											
	CERTIFICATION	Sequentially list conditi		b	(OR AS A CO	NSEQUENCE (OF):						
BOX cate be e hysician e prior to er traum	S	cause. Enter UNDERLY!	NG	С.									
P.O. B th certificat tending phy al Hygiene p or other	H	that initiated events resulting in death) LAS		DUE TO	(OR AS A CO	NSEQUENCE (OF):						
	SER	Trouting III doubly Exc		d									
를 들을 하		PART II. Other significa	nt condition	ns contributing to	death but	not resulting	in the un	derlyir	ng ceuse given in	Part i. 24a. V	AS AN AUTOP	SY 241	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
Tage P	EDICAL										YES 2 XNO		COMPLETION OF CAUSE OF DEATH?
	ME									_			1 YES 2 NO
AL RE he law requ has been begt, of l	Ä	25. WAS CASE REFERRED TO											
DIVISION OF VITAL RE OR ATTENDING PHYSICIAN: The law requ DIRECTOR: After this certificate has been hours after death with the State Dept. of I lem 28 is marked, or Item 23 sho	SICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:		I Cl	OTHER	t:	PLACE OF DEATH (C				
F VIT, SICIAN: Th certificate the State 1, or Item	РНҮ	27. MANNER OF DEATH		1 Inpetient 2 28s. DATE OF	FINJURY	28b. TI	ME OF	28c. IN	me 5X3 Residence	8 ☐ Other (Speci 26d. DESCRIBE		OCCURED	
ON OF ING PHYS fler this cath with marked	ВУ Р		Pending Investigation	(Month, E	Day, Year)	"	M		YES 2 NO				
VISION ATTENDING ECTOR: After s after death		3 Suicide 6	Could not be	26a. PLACE C building,	of Injury — . . atc. (Specify)	At home, farm,	street, facti	ory, offi	ce	28f. LOCATION		nber or Flural	Route Number,
DIVISION OR ATTENDING DIRECTOR: After hours after death teem 28 is ma	ETE		detarmined				_						
DIV AL OR A AL DIREC 72 hours If Item	APL	and the same of th		ICIAN: To the best of									
UNER UNER Ithin	COMPL	2 MEDI			examination an	d/or investigat	lon, in my o	pinion,	death occured at the	e time, data and pl	ace, and due t	o the cause(s) and manner as stated.
TO THE HOSPITAL (TO THE FUNERAL O Be filed within 72 he IMPORTANT: If It	BE	296. SIGNATURE AND TITLE	OF CERTIFIE	R 2) -	-111			29c. LICENSE NU	MBER			O (Month, Day, Year)
5 5 3 W	2	30. NAME AND ADDRESS OF	PERSON WA	O COMPLETED CALL	SE OF DEATH	OTEN 27	Orige)		1150	0		Jcotol	per 13, 1992
22		Frederick P						Ava	IN ALL	Machi-	atos	nc '	20015
20		31. DATE FILED (Month, Day,		, 32. REALSTR		EM.	CETII	AVE	nue, NW,	wasnir	igton,	טע מ	20015
		nct 13 '97		Come Devide	Charles of								



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BALTIMORE, MARYLAND 21215-0020	ours after the Prop 6 may be retained by the hospital or attending physician.	I in by the manner of the S should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho or removal.	nedical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HIGSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the man has a man be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the mean and the pape 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR		CE	KIIFI	CATE OF	DEAT	_	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Li						1	2. DATE OF DEATH		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Charles 1	Nguyen T		Thanh			10 10		992	7:45 A M
		1 2 M 2 F			MONTHS DAYS	HOURS	MIN,	(Month, Day, Year)		Country)	
	560-54-5783 9e. FACILITY NAME (If not institution, g		82	Thus.	9b. CITY, TOWN	OR LOCATIV	ON OF DEAT	11-03-19	9c. COUNT		letnam
Œ							ON OF DEAL	IN .			
DIRECTOR	5020 Allan Roa				Bethe	esda_			Mon	tgome	ery
JEC.	10a. STATE 10b. CO	UNTY		toc. CITY,	TOWN OR LOCA	TION				-10	d. INSIDE CITY
		ontgomery		Ве	thesda					1	YES 2 NO
AL	10e. STREET AND NUMBER				1	H. ZIP CODE	E		t0g. CITIZE	N OF WHA	T COUNTRY?
EH.	5020 Allan Ro					208				S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES?	IT EVER IN U.S. AR YES 2 XI MAR OR DATES	IMED NO	If yes, s		n, Mexicen,	ORIGIN? (Specify Yea Puerto Rican, etc.)	or No- 1	Specify:	American Indian, Thita, etc. Oriental
ED	15. DECEDENT'S	EDUCATION	18a, DE	CEDENT'S	USUAL OCCUPAT	ION		16b. KIND OF BUS	INESS/INDU	STRY	
H	(Specify only highest (Elementary/Secondary (0-12)	College (1-4 or 5	+) (G	Do NOT use	ork done during n e retired.)	lost of worldn	ng .				
COMPLETED		2		Broad	dcaster			Voice o	of Ame	rica	
Ö	17. FATNER'S NAME (First, Middle, Last)	100			te. MOTI	NER'S NAMI	E (First, Middle, Maiden	Sumame)	-11	
BE (Nguyen	Trung (hanh					Nguyen	Thi	Sau	
5	t9a. INFORMANT'S NAME (Type/Print)							ute Number, City or Tow			
-	Peter Chau						d, Ma	artinez, (
	26a, METHOD OF DISPOSITION 1 🖾 Burial 2 Cremetion 3 4 Donation 5 Other (Specify)	Removal from State			or oispositio or other place) lemoria		k 10	+13 Fa1			
-	21 SIGNATURE OF FUNERAL SERVICE	E LICENSEE	ille	any		Deer		DeVol Dr.,Gaith			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final									Approximats Interval Between Onset and Death	
	disease or condition	. Hepat	ic failu	ire							months
	resoluting in death)		(OR AS A CONSE		7:						
Z		- Hepat									month
5	Sequentially list conditions, if any, isading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF	7):						
	cause. Enter UNDERLYING CAUSE (Disease or Injury	c Chron	ic Activ	re Her	patitis						years
ERTIFICATION	that initiated events resulting in death) LAST	d.	OR AS A CONSE	OUENCE OF	j;						-
O		d.	O (OR AS A CONSE				given in P				VERE AUTOPSY FINDINGS
O	resulting in death) LAST	d.	O (OR AS A CONSE				given in P	PERFO	RMED?	6	MAILABLE PRIOR TO OMPLETION OF CAUSE
O	resulting in death) LAST	d.	O (OR AS A CONSE				given in P		RMED?	6	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL C	resulting in death) LAST	d.	O (OR AS A CONSE				given in P	PERFO	RMED?	6	MAILABLE PRIOR TO OMPLETION OF CAUSE
MEDICAL C	resulting in death) LAST	d	O (OR AS A CONSE		n the underlyl			PERFOI	RMED?	6	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL C	PART II. Other aignificant concessions. 25. WAS CASE REFERRED TO MEDIC EXAMINER?	d	o death but not	resulting i	n the underlyi	ng cause	DEATH (Chec	PERFOI 1 YES :	RMED?	6	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL C	PART II. Other aignificant conc	d. Itiona contributing to	O (OR AS A CONSE	resulting i	26. OTHER:	PLACE OF C	DEATH (Chec	PERFOI	RMED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL C	PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH	d	O (OR AS A CONSE	3 DOA	26. OTHER: 4 Nursing He E OF URY M 1	PLACE OF E One 5 X R NJURY AT VORK? YES 2 [DEATH (Chec	PERFOI 1 YES : Ck only one) 6 Other (Specify)	NJURY OCCI	I I	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
BY PHYSICIAN: MEDICAL C	PART II. Other algnificant concessions and algorithms are selected by the sele	AL HOSPITAL: Impation 1	D (OR AS A CONSE D death but not ER/Outpatient: F INJURY Dey, Year) OF INJURY — At h., etc. (Specify)	3 DOA 28b. TIMI	26. OTHER: 4 Nursing He E OF LIRY M 1 I	PLACE OF I	DEATH (Checked of the control of the	PERFOI 1 YES 2 Other (Specify) 28d. DESCRIBE NOW 28t. LOCATION (Street City or Town, Stele	and Number of	URED Or Flural Root	MALLABLE PRIOR TO OMPLETION OF CAUSE IF DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL C	PART II. Other algnificant concessions and algorithms are selected by the sele	AL HOSPITAL: 1 Inpatient 2 28a. DATE O (Morth, tion of be bed	D (OR AS A CONSE D death but not ER/Outpatient: F INJURY Dey, Year) OF INJURY — At h., etc. (Specify)	3 DOA 28b. TIMI	26. OTHER: 4 Nursing He E OF LIRY M 1 I	PLACE OF I	DEATH (Checked of the control of the	PERFOI 1 YES 2 Other (Specify) 28d. DESCRIBE NOW 28t. LOCATION (Street City or Town, Stele	and Number of	URED Or Flural Root	MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH? YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL C	PART II. Other algnificant concessions and algorithms are selected by the sele	AL HOSPITAL: 1 Impatient 2 28a. DATE C (Month, tion 28a. PLACE building ed	D (OR AS A CONSE D death but not ER/Outpatient: F INJURY Dey, Year) OF INJURY — At h., etc. (Specify)	3 DOA 28b. TIMI	26. OTHER: 4 Nursing He E OF LIRY M 1 I	PLACE OF (Dome 5 X R NJURY AT YORK? YES 2 { Ince Inte and place, death occur	DEATH (Checked of the control of the	PERFOI 1 YES 2 Ck only one) B Other (Specify) 28d. DESCRIBE NOW 28t. LOCATION (Street City or Town, State to the cause(a) and ma	INJURY OCCI	URED Or Rural Root d. cause(a) (MALLBLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO No No No No No No No No No No No No No N
COMPLETED BY PHYSICIAN: MEDICAL C	PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate (Check only one) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	d. AL HOSPITAL: 1 Inpatient 2 28a. DATE O (Month, tion bed of the building	D (OR AS A CONSE	a DOA 28b. TIMI	26. OTHER: 4 Nursing He E OF	PLACE OF DOME S X R NJURY AT YORK? 1 YES 2 [like and place, death occurrence of the country of	DEATH (Checked) NO NO NO NO NO NO NO NO NO NO NO NO NO	PERFOI 1 YES 2 Ck only one) B Other (Specify) 28d. DESCRIBE NOW 28t. LOCATION (Street City or Town, State to the cause(a) and ma	INJURY OCCI	URED Or Rural Root d. cause(a) (MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO

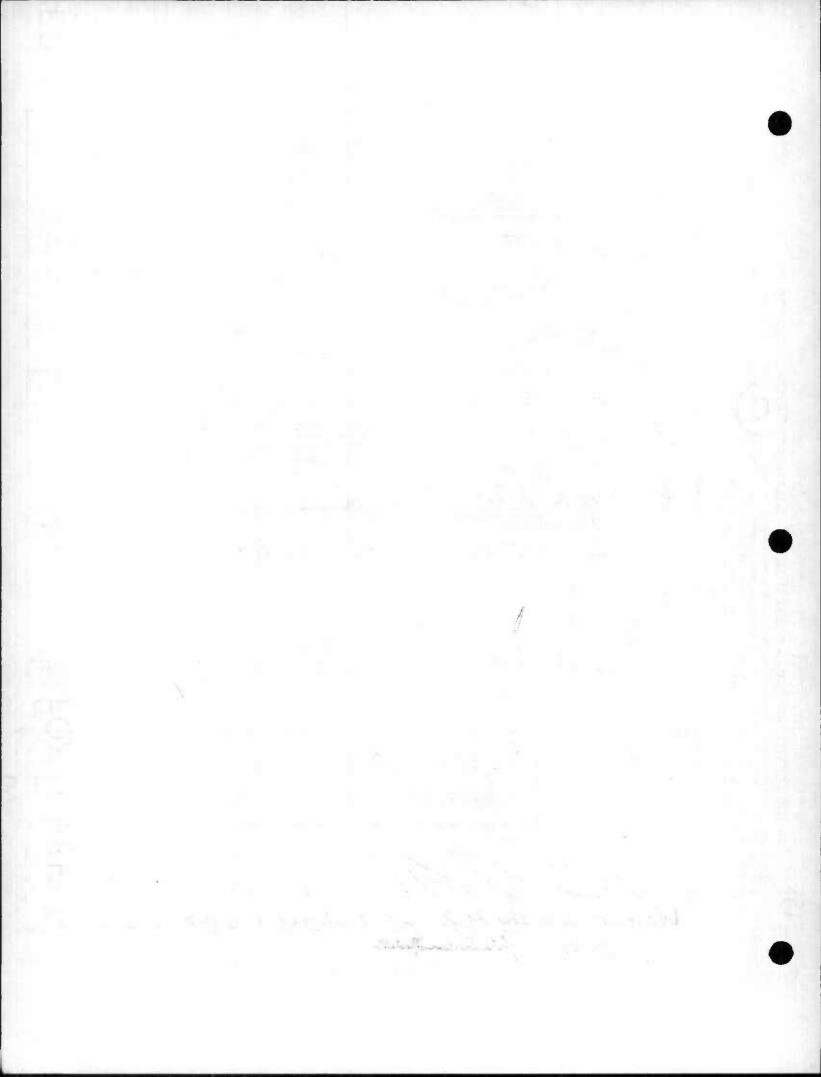
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State floor days and the Control of

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S HAME (First, Middle, Las ANNA			FICATE						
V LVIVI V						0-08-92	VEAR	3. TIME OF OEATH	
	A. THOMAS							9:38 p.	
4. SOCIAL SECURITY NUMBER 264-24-6284	6. SEX 6. A	GE (In yrs. last birthday 79 vrs.	MONTHS		in. 7. Date	05 5 13		rida	
9a. FACILITY HAME (If not institution, given Potomac Vall		T Home	9b. CITY, T	ROCKVII			OUNTY OF DE		
RESIDENCE OF DECEDENT	cy Nurbing	, mone		1.0071122			HONTOOTER		
MARYLAND Mon	tgomery		Gaith	LOCATION Lersburg				10d. IHSIDE CITY LIMITS? 1 YES 2 1 HO	
10e. STREET AHD HUMBER				101, ZIP CODE	-	10g.	CITIZEN OF W	HAT COUNTRY?	
13616 Glenhu					878		U.S	. A .	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		of :	AS OECENDENT OF H yes, specify Cuben, i YES 2 NO	lexicen, Puerto	N? (Specify Yea or No- Ricen, etc.)	- 14. RACE Black, Specify	- American Indian, White, etc.	
15. DECEDENT'S El (Specify only highest gra	DUCATION ide completed)	16a. OECEDEHT		CUPATIOH iring most of working	16	b. KINO OF BUSINESS	/IHOUSTRY		
Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	life. Do NOT	use retired.)	tired)					
17. FATHER'S HAME (First, Middle, Last)					'S HAME (First.	Middle, Maiden Surnam	10)		
Isaiah Alexa	nder			3300		aisy Jol			
19a. IHFORMANT'S HAME (Type/Print)	11	19b. MAILIF	HG ADDRESS (Street and Number or	Rural Route Nur	nber, City or Town, State	Zip Code)		
Louis Jones (Son)	1361	6 Gle	nhurst	Road,	Gaither	rsbur	g, MD 208	
20e. METHOD OF DISPOSITIOH 1 Burlel 2 Cremetion 3 M Re		20b. PLACE AND DA of cemetary, cremato Wilson					— City or Toy	vn, State	
4 Donation 6 Other (Specify)	1	Wilson-		elberger)/9 San:	ford,	FL	
George	C. Ano	when	SI		UNERA	L HOME,	P.A.		
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR	AS A COHSEQUENCE		CER	RUIY			3 MO	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bOUE TO (OR	AS A CONSEQUENCE	OF):						
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	OF):						
	lone contributing to dea	th but not resultin	a In the und	leriving cause giv	en In Part I.	24s. WAS AN AUTOR	PSY 24b.	WERE AUTOPSY FINDINGS	
PART II. Other algorificant conditi						PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PART II. Other algoriticant condition						1 TYES 2 NO		OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕЯ			one)			
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: 1 Inpatient 2 ER 28e. DATE OF IHJU (Month, Dey, Ye	URY 26b. T	4 K Nursi		lence 8 🗆 Ott	one)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER	URY 26b. T	1 4 K Nursi	: ing Home 6 🗆 Resid	lence 8 🗆 Ott	one) ner (Specify)			



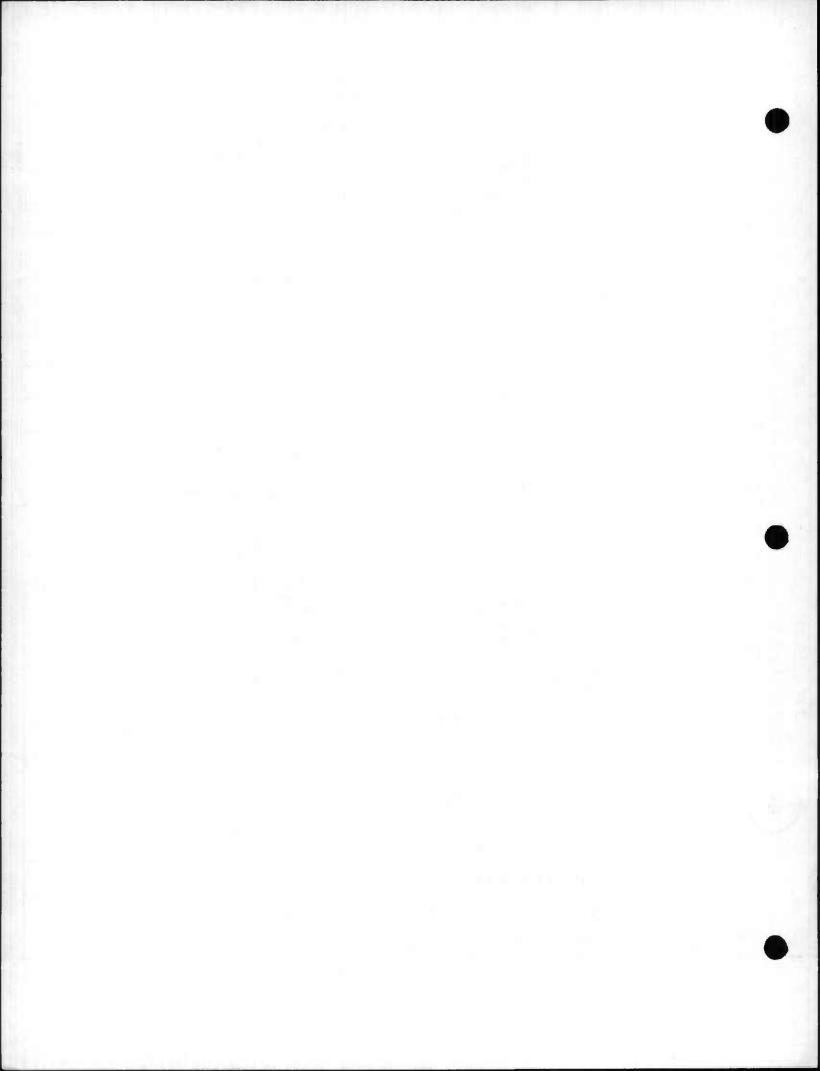
,68760,
BOX
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RECORDS,
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rSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	n the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	d, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
SICIAN: The law requires that the de	certificate has been signed by the at	the State Dept. of Health and Ment	I, or Item 23 shows any Injury
B ATTENDINE PHYS	RECORD ATTACK THIS	rurs after death with	em 28 is marked
TO THE HOSPITAL	TO THE FUNERAL D	be filed within 72 hc	IMPORTANT: IF IN

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE Fulia Davidson-Randelle.

	FOR	CTATE OF MADVIAND /	DEDAR	THENT OF	UFAITH AND	AFNITAL LINGUES	_ (20	29798
	1 - STATE REGISTRAR	STATE OF MARYLAND / CE			HEALIH AND I	MENIAL HYGIEN REG. NO.	Ł .	6 1	.9798
	1. DECEDENT'S NAME (First, Middle, Last)		,			2. DATE OF DEATH MONTH DA		YEAR 3.	TIME OF DEATN
	KODERIO	CK Cornel		WAR	REN.	09 06		2	2-537
		SEX 6. AGE (In yrs. lest		MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		6. BIRTNPLA Country)	CE (Stete or Foreign
	577-66-6491 9e. FACILITY NAME (If not institution, give street	M 2 □ F 41	YRS.			7/1/51			ngton.D.
œ					SVILLE, N			TY OF DEAT	
DIRECTOR	Leland Memorial	повртсат		пуасс	sville,	aryrand	FII	.nce	Georges
IRE	10a. STATE 10b. COUNTY			Y, TOWN OR LO				100	I. INSIDE CITY LIMITS?
	MD P.G.		Нуа	attsvi			,		X YES 2 NO
RA	Tilled a code of the same of the				10f. ZIP CODE			ZEN OF WHA	
FUNERAL	6622 24th Place	2. WAS DECEDENT EVER IN U.S. ARM	MED	13. WAS 0	20782	IC ORIGIN? (Specify Yes			tates American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2 NO		If yee,	specify Cuben, Mexical ES 2 NO Specify	n, Puerto Rican, etc.)	O NO	Black, W	hite, etc.
) BY	3 Widowed 4 Divorced				X			Blac	k
TEI	15. DECEDENT'S EDUCATI (Specify only highest grade com		EDENT'S	USUAL OCCUPA vork done during e retired.)	TION most of working	16b. KIND OF BUS	SINESS/IND	USTRY	
PLE	Elementary/Secondary (0-12) C	20Hege (1-4 of 5 +)		tion S		Dont	O.T.	Dog	. D.C.
COMPLETED	17. FATNER'S NAME (First, Middle, Lest)	Z REC	reat	CTOIL 2	The same of the sa	ME (First, Middle, Maiden		Rec	. D.C.
BE C	William Edward W	arren				Elizabe		hase	
TO B	19a. INFORMANT'S NAME (Type/Print)		. MAILING	ADDRESS (Street		loute Number, City or Tow			
-	Janice Edwards	6	622	24th	Place Hy	att. MD.	207	782	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal	from State cemetary, cren	natory or of	of DISPOSITION				Olty or Town,	State
	4 Donation 5 Other (Specify)		Cree	ek Cem		/16/9@as			
	Marie a SA	"word"		EZ. NOME	AND ADDRESS OF FA	Hodge	es an	ia Ea	wards
	mar car	www 2		3720	Old Sil	ver Hil	1 Ro	l. Su	it.MD.
	To the Plant of the Land of the Control of the Land of	t only one cause on each line.	ith. Do n	ot enter the r	node of dying, auci	as cardlec or reapi	retory arr	eat,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Delatara,	(1 Ain	mysont	+.,			Onset and Death
	resulting in death) s	DUE TO (OR AS A CONSEQ	UENCE OF	00.	Oppor	N			
Z	C 0.	tdult Res	N'A	atory	diete	ex Syr	dro	mp.	
ERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A CONSEC	UENCE OF	1 1	1 2		00 00		
걸	CAUSE (Disease or Injury	BUE TO (OR AS A CONSEQU	MENCE OF	epho	legally	7			
	that initiated events resulting in death) LAST	Hepoto R	O A A	al8	ynd se	map.			211-
ਹ	0	TI GOOD TO			1				
NA I	PART II. Other significant conditions co	ontributing to deeth but not re	suiting l	n the underly	ing cause given in	Part I. 24a. WAS AN		AW	RE AUTOPSY FINDINGS ULABLE PRIOR TO
ğ	The state of the s	and e james	OCC	LUMBER	MIQ (AV	TURES 2	MO		MPLETION OF CAUSE DEATH?
X	The control	- aggres	an	ONAIMSE	0 7	_ '		1 [YES 2 MINO
AN	25. WAS CASE REFERRED TO MEDICAL	L-and land	An	renno	PLACE OF DEATH (Che	ock oak ooo)			,
SIC		OSPITAL: ER/Outpatient 3	DOA	OTHER:	ome 5 Residence				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c. I	NJURY AT	28d. DESCRIBE NOW I	NJURY OCC	URED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Mona, Bay, Iday	ING		YES 2 NO				
	3 Suicide S Could not be determined	28e. PLACE OF INJURY — At hom building, etc. (Specify)	ne, ferm, e	treet, fectory, of	fice	281. LOCATION (Street e City or Town, State)	and Number	or Rural Route	Number,
E	and Commerce								
MPL	(Check only	N: To the best of my knowledge, dea							
COMPLETED		On the basis of examination end/or in	rveatigation	n, in my opinion	, death occured at the	time, date end place, an			
86	296. SIGNATURE AND TITLE OF CERTIFIER	man			29c. LICENSE NUM	BER	29d. DATE	SIGNED (Mo	nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM	27) (Type	Print)	1-345	2 ex 7	7	-10-	42-
	S.J. RAO, MA -	- 4000-MITC	HEL	VILLE	ROAD: #9	14: ROWI	E-	MO.	-20716.
	11.50			414-4-6	- 0)	1/	1 70	1	21-110



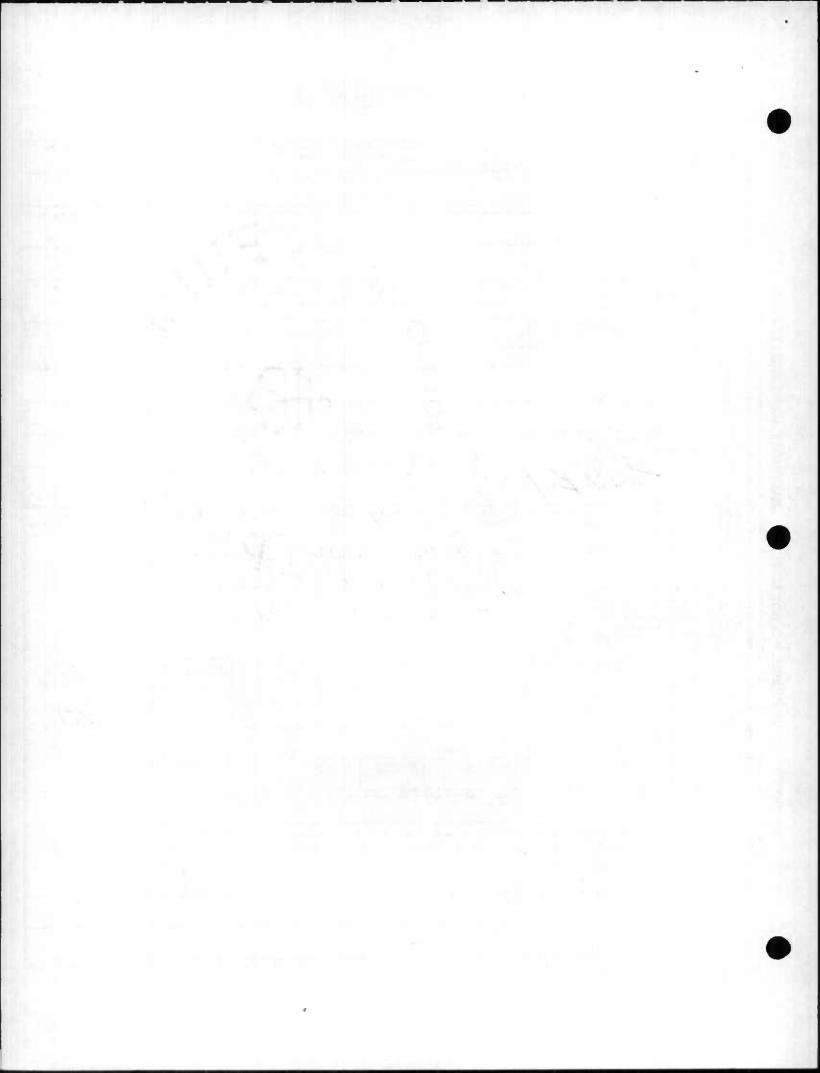
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

julies that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

Signed by the attending physician and completely filled in by the furnital director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Health and Mental Hygiene prior to burial, cremation, or remost. ows any injury, or other traumatic event, the medical examinar must be notified at once, Gr. The law 7 TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE PAYERAL DIRECTOR After this certile filed within 72 hours after Geath with 17 IMPORTANT, If Idem, 28 is marked, or

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OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
EGISTRAR	CERTIFICATE OF DEATH	EG. NO.

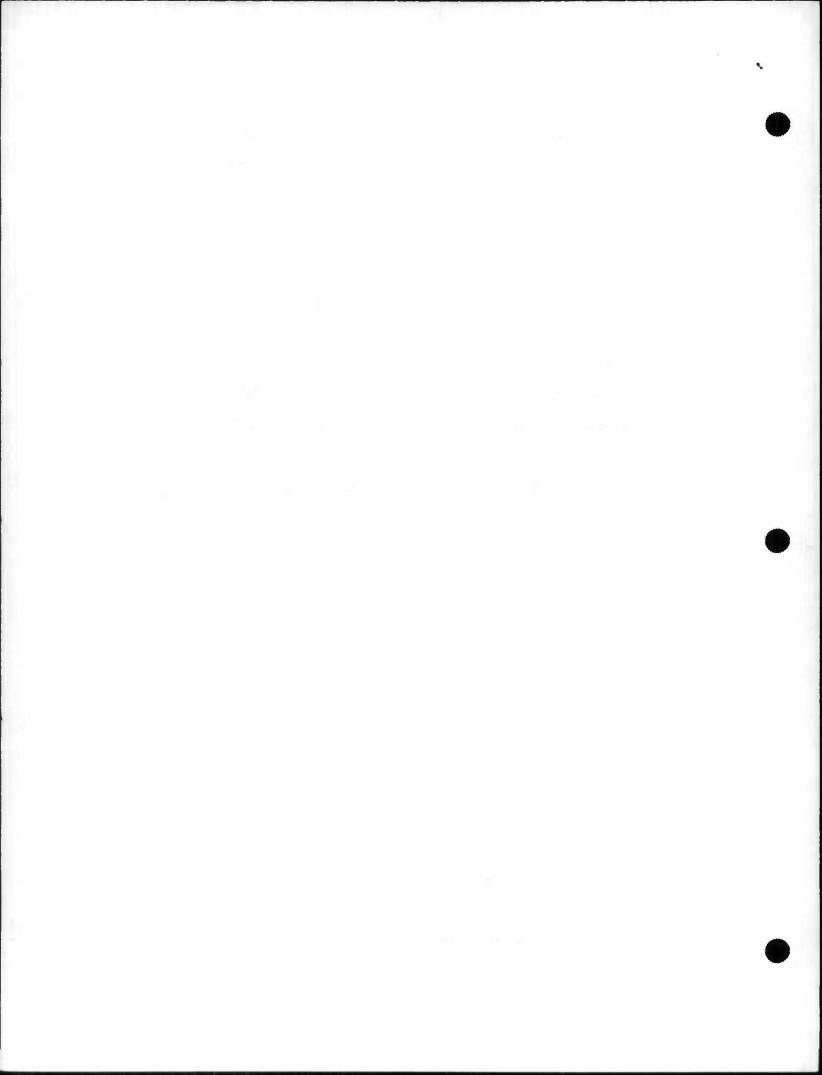
	ist)			2. DATE OF DEATH	D4M	3. TIME OF DEATH
BUENA VISTA WA	TTERS				10 1992	2 11:15 F
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH (Morth, Day, Year)	8.	BIRTHPLACE (State or Foreig Country)
255-48-0675		92 YRS.	SATING CATS HOURS BIR.	JUNE 20,		ORTH CAROLIN
9a. FACILITY NAME (If not institution, gi		9	b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY	
ST. MARY'S NUR	SING CENTER		LEONARDTOWN		ST. N	MARY'S
10a. STATE 10b. COU		10c. CITY, 1	TOWN OR LOCATION			10d, INSIDE CITY
MARYLAND ST	. MARY'S	LEXT	NGTON PARK			LIMITS?
10e. STREET AND NUMBER		July 2 C	101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
320 ESPERANZA	DRIVE		20653		וועדיוים ביינו	ED STATES
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi	ANIC ORIGIN? (Specify)		RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 YES 2 NO Spe			Specify:
15. DECEDENT'S I	EDITOR					WHITE
(Specify only highest g	rade completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during most of working	16b, KIND OF B	USINESS/INDUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+) △.		TEACHER	ET ITAG	78 20 2 20 2 2	
17. FATHER'S NAME (First, Middle, Last)	1	J SCHOOL		IAME (First, Middle, Maide	ENTARY	
VANCE MCCONNELL	τ.			UNNINGHAM	on contensey	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Run		own. State. Zip Coo	(a)
DANIEL M. WATT	ERS		ERANZA DRIVE.			
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 R	20	b. PLACE AND DATE OF	DISPOSITION / Name of		OCATION — City	
4 Donation 6 Other (Specify)		METERY 10	14-100	TLANTA.	GEORGIA	
21. SIGNATURE OF FUNERAL SERVICE	CENSES		22. NAME AND ADDRESS OF		TETE EN	ATERNAL LICAMO
Swann. L	un					
23. PART I. Enter the diseases,		M00052 Ind the death. Do not each line. A CONSTIQUENCE OF:	enter the mode of dying, so	EONAR Ich us gardisc or res	DTOWN, piratory arrest.	Interval Betw
23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Due to out as	ed the death. Do not	enter the mode of dying, as many Fa lead Fa see ya	ch us gardiec or res	piretory arrest.	Interval Betw
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YSI constitution are many that the death certificate be executed within 2 medura after death. Page 6 may be retained by the hospital or attending physician.	s emilliar press when by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the second part of the page of the pag	traumatic event, the medical examiner must be notified at once.	ATION TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAL TIME IN MINIMES that the death certificate	TO THE FUNERAL DIRECTOR: After this certifies (Lease) and by the attending physical physical by filed within 72 hours after death with	IMPORTANT: If Item 28 is marked, or item 32 and any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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16	2	-	U	U	(

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO.	E 9	2 29000
1. DECEDENT'S NAME (First, Middle, Last) ETHEL	BLANCHE WA	ARD			2. DATE OF DEATH OCT. 10,	1992 YE	3. TIME OF DEATH 10;30 A. M
			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Qay, Year) March 22,	1906 B	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give stree Sykesville Elder		91		R LOCATION OF DE kesville		9c. COUNTY	OF DEATH Carroll
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d, INSIDE CITY
Md. Balti 10e. STREET AND NUMBER	more	I	Pikesvi	11e		10g. CITIZEN	1 TES 2 NO OF WHAT COUNTRY?
727 Templeclif	f Road	III C. ADMED	I 12 WAS DEC		208 IC ORIGIN? (Specify Yes	as No. dd	USA RACE — American Indian.
1 Never Merried 2 Merried 3 Merried 4 Divorced	FORCES? 1 YES	2 NO	If yes, spe		n, Puerto Rican, etc.)		Black, White, etc. Specify: White
	ION inpleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo	st of working	16b. KIND OF BU	SINESS/INDUST	FFY
High School 17. FATHER'S NAME (First, Middle, Last)		пс	usewii		ME (First, Middle, Maiden	Surname)	
Owen A. Hart	Love					Belt	
Mrs. Margaret A. N	lyers	1400 Be			Noute Number, City or Yow kesville,		
20e. METHOD OF DISPOSITION XX Burial 2 Cremetion 3 Remove 4 Donation 6 Other (Specify)	i from State	PLACE OF DISPOSITI	on (Name of con ge Memo	netery, crematory or rial Par	20c. LO k E1k	cation — chy	or Town, State Md .
21. SIGNATURE OF FUNERAL SERVICE LICEN		101	22. NAME AN	D ADDRESS OF FAC	1182	24 Reis	terstown Road wn, Md. 21136
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	ischi volues	arte	Lisc le	vent 803	Onset and Daath
PART II. Other significant conditions - Tube - De-	feeder Intia	ut not resulting in	the underlying	g cause given in	Part I. 24e. WAS AN PERFOI 1 TYES :	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PROFITO COMPLETION OF CAUSE OF DEATH! 1 YES 2 X NO
	IOSPITAL:	/ 	THER:	ACE OF DEATH (CA			
27. MANNER OF DEATH 1 1 Natural 5 T Pending	28a. DATE OF INJUSTY (Month, Disp. West)	265. TIME C	SF 28c INJ		6 ☐ Other (Specify) 28d. DESCRIBE HOW	NJURY OCCUR	ED.
2 Accident investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre			281, LOCATION (Street City or Town, State		Rural Abute Mumbec
	On the basic of examination	n end/or investigation,	in my opinion, d	eath occured at the	time, date end place, e	nd due to the co	euse(e) and manner ee stated.
30. NAME AND ADDRESS OF PERSON WHO BE IDEN 31. DATE FILED (Month, Day, Year) OCT 1 3 '92	ed	M-D.		29c. LICENSE NUM	WBER 2609	29d. DATE SI	IGNED (Month, Day, Year) 0-12-92
30. NAME AND ADDRESS OF PERSON WHO CONTROL PROPERTY AND AND ADDRESS OF PERSON WHO CONTROL PROPERTY ADDRESS OF PERSON WHO CONTROL PROPERTY ADDRESS OF PERSON WHO CONTROL PROPERTY ADDRESS OF PERSON WHO CONTROL PROPERTY ADDRESS OF PERSON WHO CONTROL PROPERTY ADDRESS OF PERSON WHO CONTROL PROPERTY ADDRESS OF PERSON WHO CONTROL PROPERTY ADDRESS OF PERSON WHO CONTROL PROPERTY ADDRESS OF PERSON WHO CONTROL PROPERTY ADDRESS OF PERSON WHO CONTROL PROPERTY ADDRESS OF PERSON WHO CONTROL PROPERTY ADDRESS OF PERSON WHO CONTROL PROPERTY ADDRESS OF PERSON WHO CONTROL PROPERTY ADDRESS OF PERSON	2. H.J	74 45	FURA	ALE BR	anct ad	Glen	Bune 7/2/210
OCT 1 3 '92	3. REGISTBAR'S SIGN	Mandall					



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T.K. Galvin
31. DATE FILED (MORTH) PROV.
OCT 1 3 92

W

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D

	1. OECEDENT'S NAME (First, Middle, La			CERTIF					REG. NO 2. DATE OF DEATN			3. TIME OF DEATH
- 8	MILDRED CA	THERINE	WAGNE	3					October 1	2, 19	92ª	7:00A.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER		7. DATE OF BIRTH		BIRTHP	LACE (State or Foreign
	215-34-9630	1 □ M 2/X F	77	YRS.	MONTHE	DAYS	HOURS	MM.	02-15-15	., .	Mar:	vland
2	90. FACILITY NAME (If not institution, git 350 Fair Ave	ve atreet and number)						ON OF OE	ATN	9c. COUN	TY OF DE	ATN
5	RESIDENCE OF DECEDENT				wes	tmin	ster			Ca	rrol	1
DIRECTOR	Maryland 106. COUNTY Carroll					on LOCAT						IOd. INSIDE CITY LIMITS?
7	10e. STREET AND NUMBER					101	. ZIP COD	E		10g. CITIZ		IAT COUNTRY?
	350 Fair Avenue	!					2	2115	7			.A.
DI FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married X Widowed 4 Divorced		IT EVER IN U.S. YES 2 (If yes, spe	ecify Cuba	OF NISPAN III, Maxicar Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	s or No 1	4. RACE - Black, Specify: While	- American Indian, White, etc.
COMPLEIED	15. DECEDENT'S 8 (Specify only highest gi	EOUCATION rade completed)	16a.	DECEOENT'S	USUAL O	CCUPATIO	ON of working		16b. KINO OF BU	SINESS/INDU		
9	Elementary/Secondary (0-12)	College (1-4 or 8	+)	(Give kind of a life. Do NOT us	,			ng				
	17. FATHER'S NAME (First, Middle, Last)			1.	ious	ewi:						
	John Henry G								ME (First, Middle, Maiden he Autz	Sumame)		
	19a. INFORMANT'S NAME (Type/Print)			10h MARING	400050	0.400			Noute Number, City or Tow			
2	Jennie W. M	liller		757	St	one	Rd.	or Humil H	estminst	on, Statu, Zip C	(ebos	21159
	20n. METHOD OF DISPOSITION		20b. PLAC	E AND DATE	OF DISPOS	SITION (Ma	me of			CATION — CI		
	4 Donatton 5 Other (Specify) Trinity Lutheran 10/14 Smallwood Md.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas D. Fletcher & Son F.H.											
	Sequentially list conditions. HYPERTONSION											
	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST											
	d											
	1 TYP Erchol tolk of Price Performed? 1 Types 2 Tho OF DEATH?										VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 21 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one)											
	1 TES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	4 Nur	R: sing Home	5 Re	eldenca (B ☐ Other (Specify)			
141	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF	INJURY (y. Mar)	28b. TIMI	E OF URY M	26c. INJU WOI 1 Y	JRY AT RK? ES 2	NO	28d. DESCRIBE HOW I	NJURY OCCU	REO	
	2 Accident investigation 3 Suicide 8 Could not be detarmined 4 Homicide detarmined 28a. PLACE OF INJURY — At home, tarm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)											

542 Washington Road, Suite 104, Westminster, MD 21157

D31660

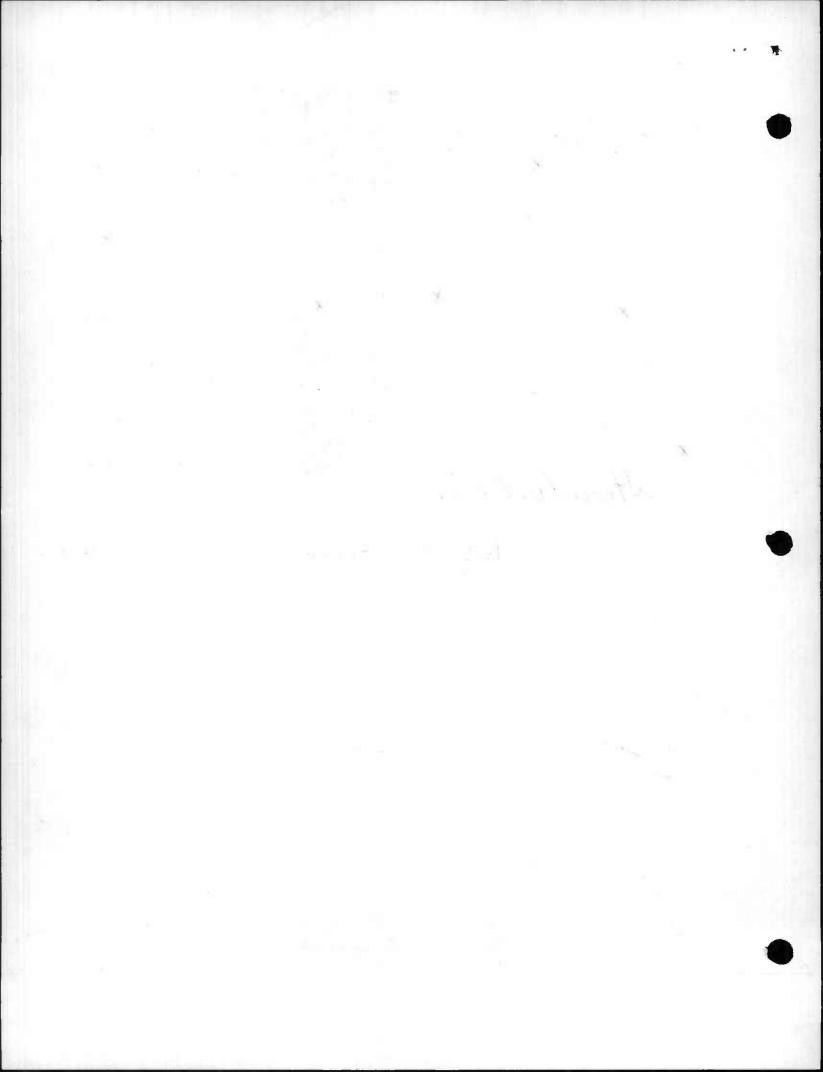
▶10-12-92

TO BE COMPLETED BY FUNERAL DIRECTOR

E FUNEF d within RTANT:	FITAL DR FRAL DIR 72 hour	RECTOR: A strength of the stre	Me this of the with marked,	Certificate the State	100	No.	by the a	attending stal Hygier y, or oth	physician ne prior to	and comp burial, c	within 2: pletely fille cremation, ent, the	ours after ed in by the or removement.	r death. Pa he funeral c al.	age 6 may director, pa	be retained ge 5 shouk e notified	by the hos to be detach at once.	pital or atte	as the buria	ician. Il-transit per	mit. Pages	1, 2, 3 s	TO THE HOSPITAL DR ATTENDING PHYSICIAN; THE AND RECOVER OF THE PROPERTY OF THE PAGE 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate is the strength of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Operator with the State Op	IMPORTANT: I item 28 is marked, or item 23 shows my injury, or other traumatic event, the medical examiner must be notified at once.
E FUN	水当三二	SPITAL DIF IERAL DIF in 72 hou	SPITAL DR ATTEND. JERAL DIRECTOR: A Jin 72 hours after 6 TT: If Hom 28 is	SPITAL DR ATTENDING PHYS IERAL DIRECTOR; After this of in 72 hours after death with IT: If item 28 is marked,	SPITAL DR ATTENDING PHYSICIAN: 1 IERAL DIRECTOR: After this certificati in 72 hours after death with the Stat IT: If item 28 is marked, or item	SPTAL DR ATTENDING PHYSICIAN: THE MAIN THE MAIN THE MAIN TO THE MAIN TO THE MAIN THE STATE CHAIN THE STATE CHAIN THE MAIN THE STATE CHAIN THE MAIN	SPTAL DR ATTENDING PHYSICIAN; TransmitterAL DIRECTOR: After this certificate in 72 hours after death with the State Operation IT: If Item 28 is marked, or Item 33 hours	SPTAL DR ATTENDING PAYSICIAN: The Java mechanism the di LERAL DIRECTOR: After this certificate the second control of the inin 72 hours after death with the State Operation after death with the State Operation of Mering III. If Hem 28 is marked, or North C3 shares, any Injury II. If Hem 28 is marked, or North C3 shares, any Injury II. If them 28 is marked, or North C3 shares, any Injury II.	SPTAL DR ATTENDING PHYSICIAN; The first recommend the death certificate field. DIRECTOR: After this certificate from the present of the attending in 72 hours after death with the State Dept. The fill men Mental Hydre IT. If Hem 28 is marked, or Hem 93 attent for Inlury, or other presents of the present of	SPTAL DR ATTENDING PHYSICIAN; The More than the death certificate be express. The attending physician in 72 hours after death with the State Operation and Mental Hygiene prior to Tt. H Hem 28 is marked, or Home as the more in Injury, or other traum.	SPTAL DR ATTENDING PHYSICIAN; The first management the death certificate be executed valued. DIRECTOR: After this certificate and comming to hours after death with the State comming mental Hygiene prior to burial, or it item 28 is marked, or item to the property or other traumadic events.	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TAL DR ATTENDING PHYSICIAN: The mean must be death certificate be executed within 2. Fours after death, Page 6 may be retained by the hospital or attending physician. AL DIRECTOR: After this certificate the man man went of the physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 72 hours after death with the State Organization and mental Hygiene prior to burlat, cremation, or removal. If item 28 is marked, or item 3 hours, any injury, or other traumatic event, the medical examiner must be notified at once.	ATTENDING PHYSICIAN: The present the death certificate be executed within 2s. Ours after death. Page 6 may be retained by the hospital or attending physician. ECDDR: After this certificate the present of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. 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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE		STATE OF N	MARYL						MENTAL HYGIEN	_		
REGISTRAR 1. DECEDENT'S NAME (First,	Middle Leath			CERTI	FICA	TE OF	DEAT	Н	REG. NO.			3. TIME OF GEATH
I, DECEDENT 3 NAME (F#SI,		dilliam	Duc	coll 1	wilh	mlor			Oct. 12		992	0 00 -
4. SOCIAL SECURITY NUMBER		6, SEX		In yrs. lest birthde	-	DER 1 YEAR	IF UNDER 2	4 HRS	7 DATE OF BIRTH	1 13		3:20 A M
217-12-2472		1 M 2 - F	7		MONTH		HOURS	MIN.	(Month, Day, Year) 4/25/1917		Countr	y)
9a. FACILITY NAME (# not ins	oblika stilena makama m	,	/	3		ITY, TOWN (DO LOCATIO	N OF O		1 0- 0011	NTY OF O	yland
					9b. C				HTA			
Longview Nu		Home				Mano	chest	er			arro	7.7
	10b. COUNTY	,		10c. (CITY, TOW	N OR LOCAT	TION					10d. INSIDE CITY
Maryland	Ca	rroll				Ma	anche	stei				LIMITS?
10e. STREET AND NUMBER					_	10	. ZIP CODE			10a. CITI	ZEN OF V	VHAT COUNTRY?
3332 Main St	treet					1	211			1	USA	
11. MARITAL STATUS	treer.	40 MMC DECEDEN	IT EVEN II	LUC ADMED		45 1100 050			IIC ORIGIN? (Specify Yes			- American Indian.
Never Married 2 1	Married	12. WAS DECEDEN FORCES? 1	YES	2 NO		If yes, sp	ecify Cuban	, Maxica	n, Puarto Rican, atc.)	or No-		. — American Indian, c, White, atc.
3 Widowed 4 Olvor		IF YES, GIVE V	WAR OR DA	ATES		1 TYES	2 NO	Specif	j:		Spec	w. White
15 DECI	DENT'S EDU	CATION		16a. DECEDEN	re Hellal	OCCUBATION	OM		16b. KIND OF BUS	PINESS /INF	MINTEN	WILLE
(Specify only	highest grade	completed)		(Give kind	of work do use retire	ine during mo	at of working	7	IOU. KIND OF BU	3114E33/114E	7001 N1	
Elementary/Secondary (0-	12)	College (1-4 or 5	*)	Line V	Torica	ar.			Black 8	2. Doo	kor	Corn
7th grade 17. FATHER'S NAME (FIRST, MIC	40.4.0			TITLE V	AOT 126	ET.	Berger Con				ver	COLP.
William Walt		lholm							ME (First, Middle, Malden	sumame)		
		лиеши							Alban			
19a. INFORMANT'S NAME (7)									Route Number, City or Tow			_
William Dula				127	E. N	Main S	Stree	t, I	lampstead,	Md.	2115	7
20s METHOD OF DISPOSITION	ON 3 Rem	oval from State	20b	other place)	POSITION	(Name of ce	metery, creme	ntory or	20c. LO	CATION —	City or To	wn, State
Donation 6 Other			F	orest I	3apti	ist Co	emete	ry	qu	perco	, Ma	ryland
21. SIGNATURE OF PUNERAL	SERVICE LIC	ENSEE 1	70			22. NAME A	NO AODRES	S OF FA	CILITY Eline I	diner	al E	ome
> Stu	Wal	(1).	111	20		934	s Ma	in (Street, Har			
IMMEDIATE CAUSE (Fin disease or condition resulting in deeth) Sequentially list condition from the cause. Enter UNDERLY/I CAUSE (Disease or injuries)	ons, diete	b. DUE TO	(OR AS A	CONSEQUENCE	E OF):	Pre	ume	mì				I week
that initiated events resulting in death) LAST	т		(011710)		. 0, ,.							
	-	d										+
PART II. Other algnifica	nt condition	s contributing to	death b	out not resultion	ng in the	underlyin	g cause g	iven in	Part I. 24a, WAS AN PERFO	RMED?	248	N. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL					26. P	LACE OF OR	EATH (C)	neck only one)			
EXAMINER?	O MEDICAL	HOSPITAL:				HER:			neck only one)			
EXAMINER? 1 YES 2 NO	O MEDICAL	1 Inpatient 2			A +0	HER: Nursing Hor	ne 5 🗆 Rei		6 Other (Specify)			
EXAMINER? 1	Pending	1 Inpatient 2			TIME OF	Nursing Hor 28c. IN		sidence		INJURY OC	CURED	
EXAMINER? 1	Pending	28a. DATE Of (Month, i	F INJURY Day, Year)	26b.	TIME OF INJURY	Nursing Hor 28c. IN. W	JURY AT ORK? YES 2	sidence	6 Other (Specify)	and Numbe		Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Sulcide 6 4 Homicide 29a. CERTIFIER (Check only)	Pending Investigation Could not be determined FYING PHYS	1 Dipetient 2 28a. DATE Of (Month, i) 28a. PLACE obuilding	F INJURY Day, Year) OF INJURY , stc. (Spec	At home, far	TIME OF INJURY A	Nursing Hor Nursing Hor 28c. IN. W 1 factory, office the time, date	ne 5 Rei	NO and due	6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(a) and ma	and Numbe	r or Rural	Route Number,
EXAMINER? 1 YES 2 NO ET. MANNER OF DEATH 1 Netural 5 2 Accident 2 Accident 3 Suicide 6 4 Homicide Pea. CERTIFIER (Check only one) 2 MEDI	Pending Investigation Could not be determined "IFVING PHYS CAL EXAMINE	1 Inpetient 2 28a. DATE Of (Month, in 28a. PLACE building ICIAN: To the best of in 28a. On the best of in 28a.	F INJURY Day, Year) OF INJURY , stc. (Spec	At home, far	TIME OF INJURY A	Nursing Hor Nursing Hor 28c. IN. W 1 factory, office the time, date	ne 5 Rei	NO sind due	6 Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, State) to the cause(a) and main time, date and place, as	and Numbe	r or Rural	
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI	Pending Investigation Could not be detarmined FYING PHYS CAL EXAMINI	28e. DATE Of (Month, in the best of	F INJURY Day, Year) OF INJURY, , atc. (Spec of my know axaminatio	Z6b. 7 — At home, far Cily) riedge, death occ n and/or investig	TIME OF INJURY & m, street,	Nursing Hor 28c. IN Will 1 factory, office the time, det my opinion,	JURY AT ORK? YES 2 ce e and place, death occurr	NO sind due	6 Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, State) to the cause(a) and main time, date and place, as	and Numbe	r or Rural	a) and manner as stated.
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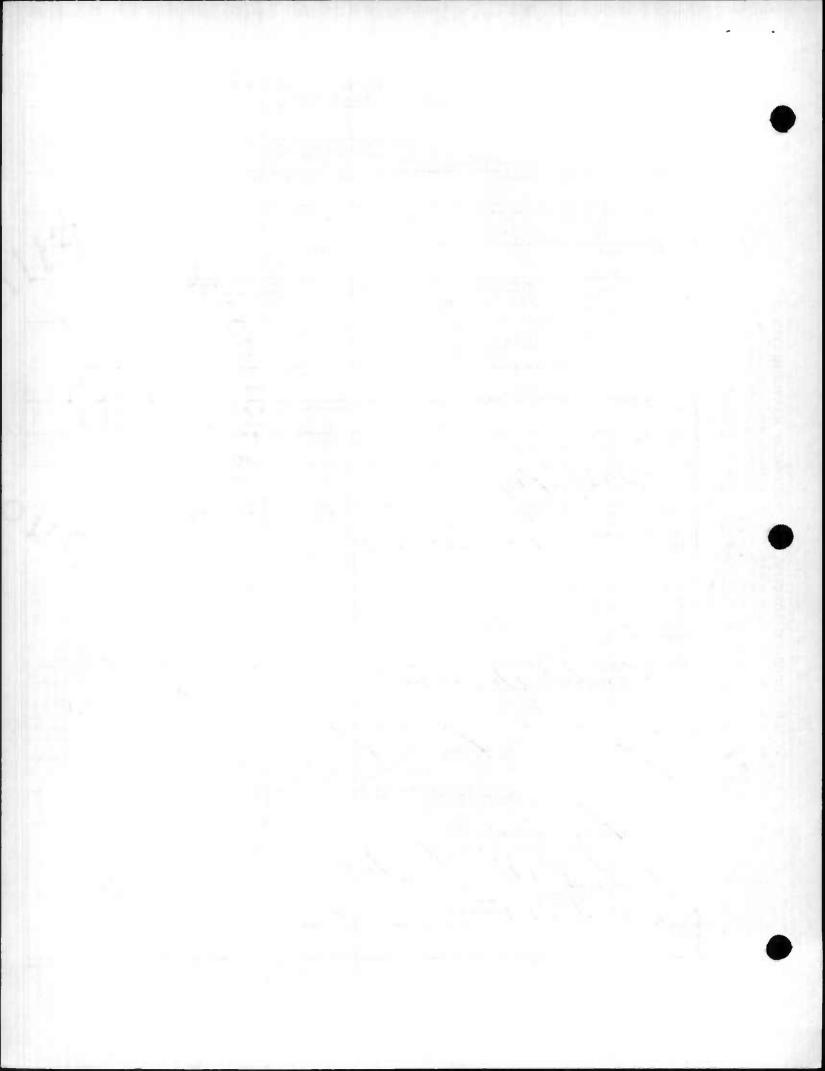
Mot. The taw requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the thropial or attending physician.

Special or the state of the attending physician and completely filled in by the known director, page 5 should be detached for use as the burish-branat permit. Pages 1, 2, 3 should be also begin or heartst hypere prior to burish, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, AMORR, Las	10					DATE OF DEATH		3. TIME OF
,	ULYSSES	GRAN	T WO	LFRAM			T. 3,	1992	8:00
	320-10-5320	1√G(# 2 □ F	AGE (in yes, least birthclay) 92 YRS.		YEAR IF UNDER 2	MIN	MONTH, Day, Moor JLY 14,	1900	Gountry) IJLINOIS
5	ST. MARY'S NURS			000-001150)	LEONARD			2 THE P. P. LEWIS CO., LANSING, MICH.	Y OF DEATH
DIMECTOR	MARYLAND ST	T. MARY'S	19c, CI1	TY, TOWN OR	LOCATION				10d. INSIDE LIMITS? 1 VES 2
500	104. STREET AND NUMBER RT # 2, BOX 2			1101111	10f. ZIP CODE	636		100 Table 100 Ta	S.A.
BT FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3X Widowed 4 Divorced	12. WAS DECEDENT EVE FORCEST 1 X 1 IF YES, GIVE WAR O	PER IN U.S. ARMED YES 2 NO DR DATES 18 - 191	H y	S DECENDENT OF	Maxican, Pu			A. HACE — American Black, White, etc. Specify: WHT'T'S
COMPLETED	15, DECEDENT'S ES (Specify only highest gra Elementary/Secondary (0-12)		16s. DECEDENT'S (Give kind of life. Do NOT is	WORL OCCU WORK done duri one retired.)	UPATION ing most of working	91	CONTRACTO D	BUSINESS/INDUS	
			Super	rvisor				TELEPHO	NE ILLI
200		OLFRAM			16. MOTHE	MARIA	N PO	YER	
2	19a. INFORMANT'S NAME (%po/Print)				Street and Number o				
	VIRGINIA J. WI	I	RT #	-	X 296,			MARYLAN	
	1 3 Burlal 2 Gremation 3 Ha 4 Donation 5 Dother (Specify)	emoval from State	cometery, crematury or o		750800000000	- 1	W/0.16		A STATE OF THE STA
4	EDWARD N. BE	RINSFIDED, J		B	RINSFIE EONARDIC	LD FUI	VERAL H VARYLAN	D 2065	0-0279
	IMMEDIATE CAUSE (Final disease or condition	1.10	10000		f:				
NOL	resulting in death) Sequentially list conditions,	- k	AS A CONSEQUENCE O	er):					Onset
ERTIFICATION	resulting in death)	DUE TO (OR /	All A CONSEQUENCE O)#]; #];					
MEDICAL	resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	E. DUE TO (OR /	AS A CONSEQUENCE O	96); 96); 96);	erlying cause gh	ren in Pert	PERF	AN ALITOPSY ORMEOT 2 X NO	34b. WERE AUTOP AMALABLE PI COMPLETION OF DEATH!
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	DUE TO (OR /	AS A CONSEQUENCE O	or): or):	30 FLACE OF DEA	Will (Chack or	t YES	ORMED?	24b. WERE AUTOMOR MARABLE PP COMPLETION OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other aignificant concepts 23. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 27. MANNELL OF DEATH 1 Westurns 5 Pending	DUE TO (OR /	AS A CONSEQUENCE Of the but not secure of th	OTHER:		NTH (Check or dence 6 🗆	t PERF	ORMED?	24b. WERE AUTOMA MARIABLE PROCOMPLETION OF DEATH!
TED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the condition	DUE TO (OR /	AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE DUTY TO DO THE DO THE DOT	OTHER:	PLACE OF DEA	dence 6 (28d	THE PERF	ommetor 2 X NO W INJUSTY OCCUR	24b. WERE AUTOMA MARIABLE PROCOMPLETION OF DEATH!
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 MO 27. MARCHIP OF DEATH 1 Natural 5 Pending Investigation of bid determined 29 Accident 5 Control of Could not bid determined 29s. CERTIFIES CONTROL EXAMINER? 2 MEDICAL EXAMINERS	DUE TO (OR A OU	AS A CONSEQUENCE OF AS A C	OTHERS 4 in furning at or June wheel, factory, and of the time.	PLACE OF DEA	NTH (Check of dence &	PERF t YES ty one) Other (lipeoty) DESCRIBE HON City or Town, Sta	OMMED? 2 X NO W INJUSTY OCCUR and Number or tel manner as staled.	24b. WERE AUTOM ANALABLE PROMPLETION OF DEATH! 1 VES 2
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JANO 27. MANNELS OF DEATH 1 Naturel 5 Pending Investigation determined 29a. CERTIFIEB CONSTRUCT 29b. SIGNATURE AND TITLE OF CERTIFIED 29b. SIGNATURE AND TITLE OF CERTIFIED	DUE TO (OR A OU	AS A CONSEQUENCE OF AS A C	OTHERS: 4 (ii) Marsing at OF JURY M 1 street, tactory, and at the time, in mylopini	PLACE OF DEA	UTH (Check of dence 6 () 28d NO 28f.	PERF t YES ty one) Other (lipeoty) DESCRIBE HON City or Town, Sta	OMMED? 2 X NO W INJUSTY OCCUR and Number or tel manner as staled.	24b. WERE AUTOPY AMALABLE PI COMPLETION OF DEATH! 1 YES 2 RED Floris Flouto Humber Susse(k) and manner



23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached by the artificial physician and completely filled in by the funeral director. requires that the death certificate be executed within TO THE HOSPITAL OR ATTENDING PAYER
TO THE FUNERAL INFECTOR. Area disc be filed within 72 hours they death and
IMPORTANT: If least 28 is marked.

1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI			MENTAL	HYGIENE REG. NO.		92 29804			
1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 228—18—1990			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	90	3. TIME OF DEATH 3. TIME OF DEATH 3. AM BIRTNPLACE (State or Foreign			
98. FACILITY NAME (If not institution, give str Chesapeake Mand	III	9		R LOCATION OF DI		24-17	7 Country Virginia 9c. COUNTY OF DEATN Anne Arundel				
10a. STATE 10b. COUNTY Ann 6	Arundel		rnold					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER 1688 Camden	Court		101	21012				OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, spe	ENDENT OF NISPAI ochy Guban, Maxics 2 NO Specif	en, Puerto F	i? (Specify Yea o	or No.— 14.	RACE — American Indian, Black, Whits, etc. Specify: White			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elemantary/Secondary (0-12) College (1-4 or 8 +) College (1-4 or 8 +) College (1-4 or 8 +)							16b. KIND OF BUSINESS/INDUSTRY Banking				
17. FATNER'S NAME (First, Middle, Leet) Thomas J. Edd	lleton				ter	Bolin	g Pe:				
199. INFORMANT'S NAME (Type/Print) Ann W. Shymans	sky			nd Number or Rural Court							
20s METHOD OF DISPOSITION 1 Surlei 2 Cremetion 3 Remo	oval from State Ch U	ACE OF DISPOSIT	Our S	avior	Cem.	Mon	tpel:	or Town, State			
21. SIGNATURE OF FUNEBAL SERVICE LIC	Layle	00/				67		neral Home polis, MD 21			
IMMEDIATE CAUSE (Final	omplications that caused the lat only one cause on each DUE TO (OR AS A CO	Ilne.			ch ea cerd	diec or reapin	atory arrest	, Approximate interval Batween Onset and Desth			
Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	MUNAY	4 571		HF						
PART II. Other aignificant conditions	s contributing to deeth but (not resulting in	the underlying	g cause given in	Part i.	24a. WAS AN A PERFORM	AED?	24b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (C/	heck only on	10)					
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie	ent 3 🗆 DOA 4		e 5 🗆 Residence	T						
1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY —	26b. TIME INJUR	JURY WORK? M 1 VES 2 NO			28d. DEŞCRIBE NOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number.					
4 Nomicide detarmined 29s. CERTIFIER (Check only 1	building, atc. (Specify)				s to the cau						
2 MEDICAL EXAMINED 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of examination an	nd/or investigation,	in my opinion, d	29c. LICENSE NU		and place, and	29d. DATE S	IGNED (Month, Day, Year)			
30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF PEATS	ATEM OF CARE	(nd)	/ 11	010		, ,	7-7-6			

PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

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31. DATE FILED (Month, Day, Year)
16-1 0 9 1992 32. REGISTRAR'S SIGNATURE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the permit of Health and Mental Hygiene prior to burial, cremation, or removal. HOSPITAL OR ATTENDING PHYSION. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

liam 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY

2

IMPORTANT: If Item 28 Is

THE HOSPITAL OR ATTEND THE FUNERAL DIRECTOR: filled within 72 hours after to

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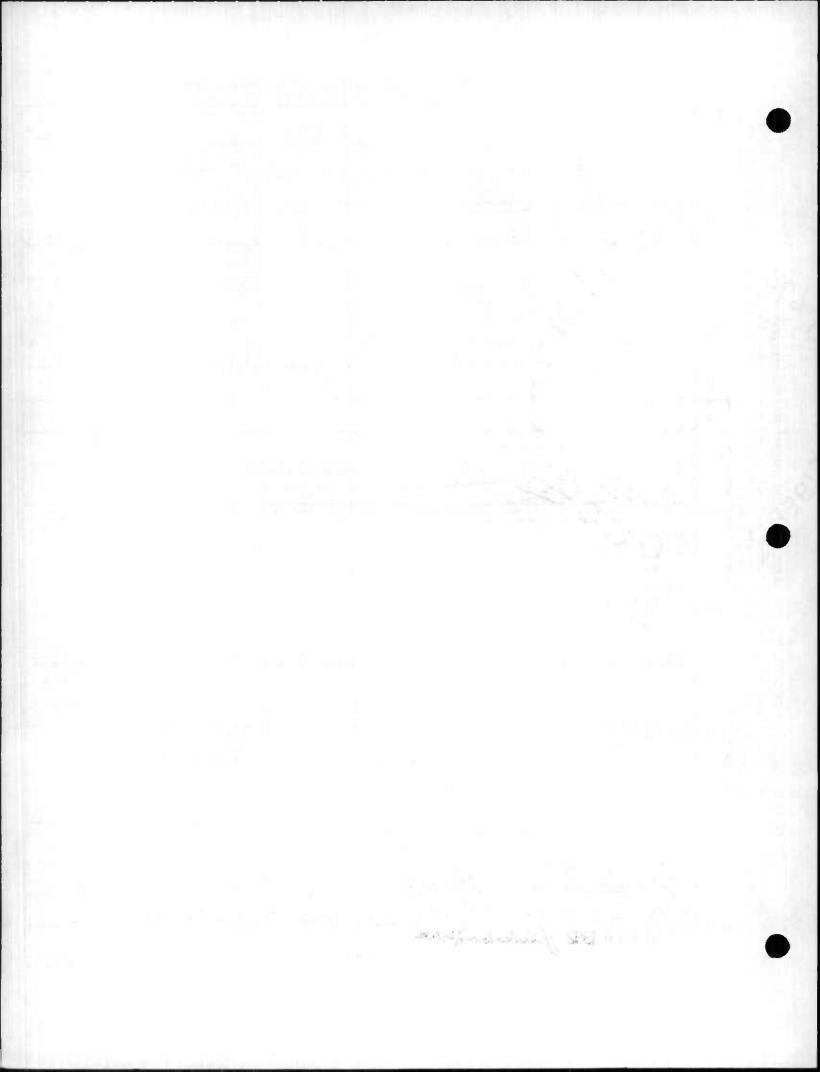
REGISTRAR	SIMIL OF I				OF HEALTH OF DEA		MENTAL HYGIEN REG. NO	IE	le lie	9805	
	ee M	urrell		Wood			2. DATE OF DEATH DO 10		YEAR 92	TIME OF DEATH 1:43 P	
4. SOCIAL SECURITY NUMBER 215-38-8914	5. SEX 1)\(\)\(\)\(\)\(\)\(\)\(\) P	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1	YEAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 11-17-16		Country)	ACE (State or Foreign	
98. FACILITY NAME (If not institution, give s 305 Cadle Aven RESIDENCE OF DECEMENT					Mayo	ION OF DE	АТН	1000 1255	ne A	" rundel	
10a. STATE 10b. COUNT	Arundel			r, town on	LOCATION					d. INSIDE CITY LIMITS7 YES 2 1 40	
10e. STREET AND NUMBER 305 Cadle Ave	nue				101. ZIP COL	106				T COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	XXES 2 N		H y	AS DECENDENT yes, specify Cub	en, Mexicer	IC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	s or No 1	14. RACE — Black, V Specify:	American Indian, Thite, atc. White	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DE (Gi	ive kind of v Do NOT us	e retired.)	UPATION ring most of work		166. KIND OF BU	siness/indu			
17. FATHER'S NAME (First, Middle, Last) Frank Wood 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ethel Thompson											
19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Michael Wood 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 305 Cadle Avenue Mayo, MD 21106											
20a. METHOD OF DISPOSITION 1		20b. PLACE/ cemetery, cre- Mayo	matory or of	her place)	ited M	eth.		layo,	MD		
21/SIGNATURE OF FUNEIAL SERVICE CO	INSEE.	-	>		7 Glou		er St. A	or Fu	nera olis	1 Chape , MD 21	
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Me	ceused the de se on each line Stastat	tic	Pros				iretory srre	et,	Approximate Interval Batwe Onset and Dec 3 Year	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO	OR AS A CONSEC	DUENCE OF	7):							
CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO	OR AS A CONSEC	OVENCE OF	j:							
PART II. Other significant condition	e contributing to	deeth but not r	eaulting I	n the unde	erlying cause	given in I	Part I. 24a. WAS AN PERFOI	RMEO?	AN CC	RE AUTOPSY FINDING MILABLE PRIOR TO MPLETION DF CAUSE DEATH?	
							_		1.	TES STXNO	

CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMEO? 1 - YES 2 X 10 1 TES TONO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 | Nursing Home | 5 | | Yesidence | 8 | Other (Specify) 1 TES 2 THE 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Xiatural
2 Accident 5 Pending Investigation 1 YES 2 NO 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29a. CERTIFIER (Check only 1 VERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER

Umme Wundlamm	29c. LICENSE NUMBER 3 7 857
30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 27) (Type, Print)	

30. NAM NMCC - USNA, Frimary Cure Clinic; Annupolis MD 21402
31. DATE BLED GROUP. DAY, 1992 4 32. REGISTRAR'S SIGNATURE



	1 - STATE REGISTRAR	STATE UF I	MAKYLAND / CE		ICATE					YGIENI EG. NO.	E		
33	1. DECEDENT'S NAME (First, Middle, Last) SANDRA	В			WEBB				2. DATE OF DEATH MONTH 09 28 19			992	3. TIME OF DEATH 12:38 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. DATE OF B	URTH		8. BIRTHE	PLACE (State or Foreign
78	220-70-6086	1 □ M 2 🏿 🛪	34	YRS.	MONTHS	DAYS	HOURS	MIPI.	6 24	195 8	3	MA	RYLAND
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DEA	тн		9c. COU	NTY OF DE	ATH
5	ANNE ARUNDEL GENE	RAL HOSP	ITAL		ANN	APOL	IS				ANNE	ARU	NDEL
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1		10c, CIT	Y, TOWN C	OR LOCAT	ION					Т	10d. INSIDE CITY
DIRECTOR	MARYLAND ANN	E ARUNDE	L	AN	NAPO	LIS							LIMITS?
	10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT		HAT COUNTRY?
FUNERAL	1903 LINCOLN DF					21	401					U.S.A	Α.
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AB	MED	13.	WAS DEC	ENDENT O	F HISPANII	C ORIGIN? (S	ecity Yes	or No-	14. RACE	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V		Ю		II yea, spo I 🔲 YES	2 Z 400	n, Mexican, Specify:	, Puerto Rican	, etc.)		Specify	r:
	15. DECEDENT'S EDUC	CATION	Lincon									BLAC	CK
1	(Specify only highest grade	completed)	(G/		USUAL OF			g	16b. KJN	D OF BUS	INESS/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)		PLOY	ED							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	E (First, Middle	Mairian !	Sumame)		
	SAMUEL TAYLO				ARLOTT			T					
BE C	100 INCOMMANTO MAME CONTINUE												
9 SAMUEL TAYLOR 1903 LINCOLN DR. AN													
- 8	20a. METHOD OF DISPOSITION 1 XD Burlat 2 Cremation 3 Removed from State 20b. PLACE AND DATE OF DISPOSITION /Name of								DATE			City or Tow	rn, State
									10/3/	92	ANNA	POLIS	S,MD.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Lang H.	Reese			R	EESE	& S	ONS	MORTUA NNAPOL	RY,	P.A.	21 / 01	
	23. PART I. Enter the diseases, or o	omplications the	t caused the de	ath. Do i	not anter	the mo	de of dyi	ng, such	as cardiac	or respin	ratory an	rest,	Approximata
	shock, of heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final									Interval Between Onset and Death			
	disease or condition resulting in death)	· Bro	ncho	Dny	LIN	101	ia						
			(OR AS A CONSEC					_	_				
N	Sequentially list conditions,												
CERTIFICATION	it any, leading to immediate cause. Enter UNDERLYING	DUE 10	(OR AS A CONSEC	NUENCE O	F):								
FIC	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	UENCE O	F):								
E	resulting in death) LAST												İ
¥	PART II. Other significant condition	1 1 1	1	suiting	in the un	derlying	cause g	iven in P	art i. 24a	PERFORE			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
WEDICAL	I Hal Valve	Keplace							_ \ \partial \gamma^2	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
٦	Cilated Car	rdiamy	sathy						_				1 _ YES 2 _ NO
A)	Chronic Dr	us Atla	use										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? WAYES 2 NO 1 Impetient 2 XER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Sp. 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 1 Nursing Home 5 Residence 8 Other (Sp. 27. MANNER OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one)													
ž	27. MANNER OF DEATH	28a. DATE OF		28b. TIM		28c. INJ		- T	Other (Spi 28d. DESCRIE		LILIBY OC	CHREO	
	1 Netural 5 Pending investigation	(Month, D	lay, Year)		URY	WO	RK7					CONED	
D BY	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY At hor	ne, farm,	street, fact	ory, office	_		281. LOCATION	N (Street a	nd Number	or Rural Ro	oute Number,
HI I	4 Homicide determined	building,	etc. (Specify)						City or Tox	vn, State)			
٦	29a, CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, der	th occurr	ed at the ti	ime date	and place	and due to	the cause(s)	and man	ner en etel	lad	
COMPLET	anal												and manner as stated.
	29b. SIGNATURE AND TYTLE OF CERTIFIER							NSE NUMB		Т			Month, Day, Year)
ш	///	// ///	+ 11			l		C.M.E				9-29-	
0	AXIAAAAA	1/ 1/11	all over										199/
	30. NAME AND ADDRESS OF PERSON WHY	COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type	Print)		0.0				0.	7-27-	1992
TO B		COMPLETED CAUS	SE OF DEATH (ITEM			VIN S'		-		E MAI			
				11		VIN S'		-	TIMORI	E MAI			

signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should main and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Court of the court of the state of the BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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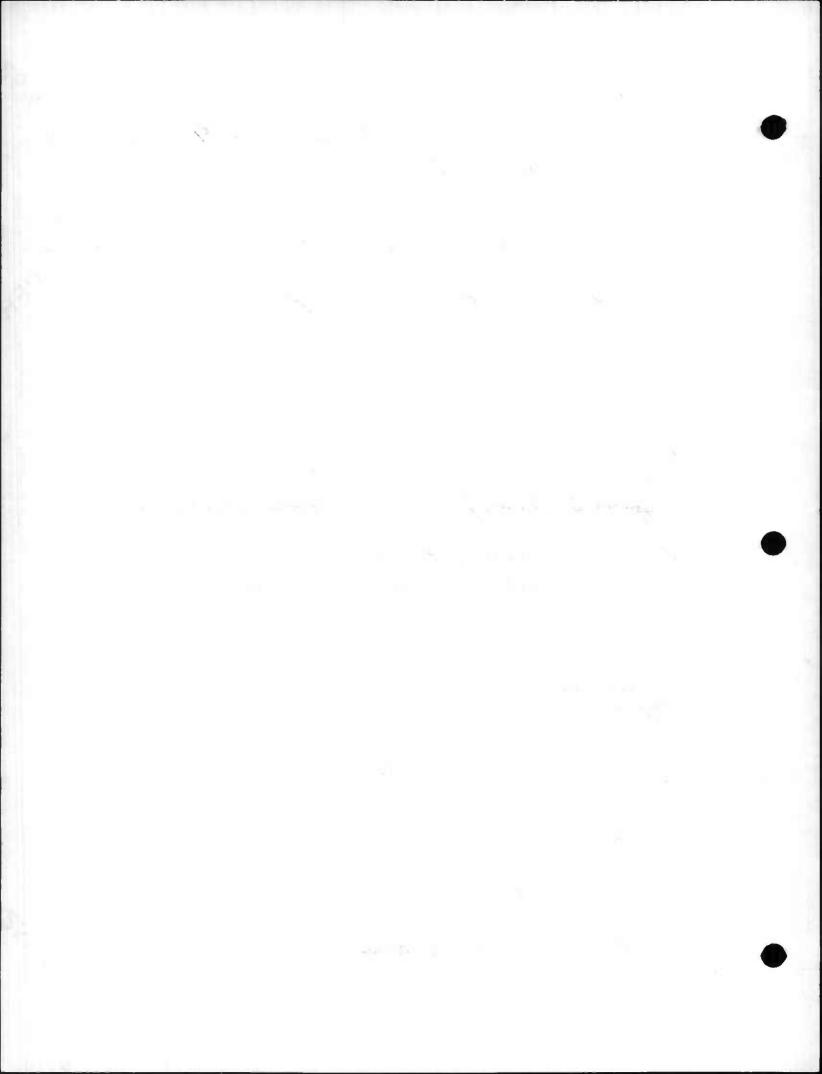
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PRESCRIPTING THE LAW requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR. Any mile comments has been signed by the attending physician and completely it	remai
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1	1 - STATE REGISTRAR			ATE OF DE		REG. NO							
	1. DECEDENT'S NAME (First, Middle, Last)		WILLIAM C	JAMES W		DATE OF DEATH	YEAR	3. TIME OF OEATH					
		Am	WIL	ey		10 5	92	1235 A					
			/ / 900			Month, Day, Year)	Cou	THPLACE (State or Foreign intry)					
	420 -00-0	1\Q\f(2 \Box F	C C YRS.			5-10-		ı.C.					
œ	9a. FACILITY NAME (If not institution, give stre		/ -	b. CITY, TOWN OR LO		. 1	9c. COUNTY OF						
DIRECTOR	RESIDENCE OF DECEDENT	ALTL CARE	LEWICK	Bethes	sea 1	nd.	mon	Tyomeny					
<u>ښ</u>	10a, STATE 10b, COUNTY		10c. CITY, T	TOWH OR LOCATION				10d, INSIDE CITY					
	M.D. M.	ONTGOM	CRY BE		1 YES 2 NO								
¥	10e. STREET AND NUMBER			10f. ZIP	CODE		10g. CITIZEN O	OF WHAT COUNTRY?					
ÿ	5721 Grosue,	NOR LAN	ve	2	08/	-/	V.	5.A.					
FUNERAL	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I	N U.S. ARMEO		ENT OF HISPANIC O Cuban, Maxican, Pu			RACE — American Indian, Black, White, etc.					
6	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		NO Specify:	,		ecity:					
	15. DECEDENT'S EDUCA		16a. DECEDENT'S USU	HAL OCCUPATION		185 KIND OF BUS	INESS/INDUSTRY	WHITE					
ᇤᆘ	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		k done during most of t	working	100 100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
릴	, (, ,,,	and the ot a th	GRO	MOC		RACE	TRACK						
COMPL	17. FATHER'S NAME (First, Middle, Last)			16.	MOTHER'S NAME (F								
H H	ROBERT	WILE	ΣY		ULI	LA		KING					
2	19a. INFORMANT'S NAME (Type/Print)			ODRESS (Street and No									
-	THOMAS DOWNS		5711 A	LLENTOW	N RD.,	CAMP S	PRINGS	, MD. 2074					
	20a. METHOO OF DISPOSITION 120 Burlal 2 □ Cremation 3 □ Ramov	rel from State 20t	PI ACE AND DATE OF D	DISPOSITION (Name of		DATE 200 LO	CATION CIA	Tours State					
	4 Donation 5 Other (Specify)	Md	Veteran	S Cem.	Chelter	ham 10	/8/92	Cheltenhar					
1	21. SIGNATURE OF FUNERAL SERVICE LICE	100	> /	22. NAME AND AL	DORESS OF FACILITY	TAKOMA	FUNER	AT, HOME					
	1 Muchan	00	oller	254 C	arroll	St N.W	. Wash	ington, DO					
	23. PART i. Enter the diseases, or co shock, or heart failure. Li	mplications that cause	d the death. Do not	enter the mode o	f dying, auch as	cerdiac or reapi	ratory arrest,	Approximata					
,	IMMEDIATE CAUSE (Finel	at only one ceuse on e	sem line.					Interval Betwee					
	disease or condition resulting in deeth)	aut 1	A CONSEQUÊNCE OF):	vom	arrest			10/4/13					
ł			A CONSEQUENCE OF):	0				(10					
S	Sequentially list conditions, 6.	COPD						6/92					
Ē	If any, leading to immediate cause. Enter UNDERLYING	OL OHAS	A CONSEQUENCE OF):					6192					
일	CAUSE (Disease or injury C.	DUE TO (OR AS /	A CONSEQUENCE OF:										
L 1	CAUSE (Disease or injury that initiated events resulting in death) LAST												
BE	resulting in death) LAST d. Old TB Surring LVL 6/92												
100	resulting in death) LAST	Old		0				6192					
_ 1	PART II. Other aignificent conditions	contributing to death b		0		I. 24a. WAS AN PERFOR		AVAILABLE PRIOR TO					
_ 1	PART II. Other aignificent conditions	contributing to death b		0			MEO?						
MEDICAL	PART II. Other aignificent conditions	contributing to death b		0		PERFOR	MEO?	COMPLETION OF CAUSE					
MEDICAL	PART II. Other algorificant conditions Jen. Te Den	contributing to death b		the underlying cau	use given in Part	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
MEDICAL	PART II. Other algorificant conditions Jen. 1e Den 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	out not resulting in the	the underlying cau	use given in Part	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
MEDICAL	PART II. Other algnificent conditions Jean Tell December 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	out not resulting in the	28. PLACE	OF DEATH (Check or	PERFOR 1 YES 2 Other (Specify)	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions Jec., le December 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/Outp (Month, Qay, Year)	petiant 3 DOA 4 h	26. PLACE THER: Nursing Home 5 FY 28c, INJURY WORK?	OF DEATH (Check or	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 ER/Outp (Month, Day, Year)	petiant 3 DOA 4 P	28. PLACE THER: Nursing Home 5 Y WORK? M 1 YES	OF DEATH (Check or	PERFOR 1 YES 2 Other (Specify) OESCRIBE HOW II	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions Jec. 1c Dec 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/Outp (Month, Day, Year)	petiant 3 DOA 4 NUMBER OF	28. PLACE THER: Nursing Home 5 Y WORK? M 1 YES	OF DEATH (Check or	PERFOR 1 YES 2 Other (Specify)	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month. Day, Year) N A 28e. PLACE OF INJURY building, etc. (Spec	petiant 3 DOA 4 BUDGE City) On At home, farm, streecity)	26. PLACE THER: Nursing Home 5 F 28c. INJURY WORK? Y MORK? 1 YES	OF DEATH (Check or Part 28d 2 NO 28t.	PERFOR 1 YES 2 Other (Specify) OESCRIBE HOW II LOCATION (Street a City or Town, State)	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions Jen. 1e December 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Veer) A 28a. PLACE OF INJURY building, etc. (Spec	petiant 3 DOA 4 Por At home, farm, stree	26. PLACE THER: Nursing Home 5 F 28c. INJURY M 1 VES et, factory, office	OF DEATH (Check or Realdence 6 DAT 28d 2 NO 28t.	PERFOR 1 YES 2 Other (Specify) OESCRIBE HOW II LOCATION (Street a City or Yown, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AO					
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions Jen. 1e Dec. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	HOSPITAL: 1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month. Day, Year) N A 28e. PLACE OF INJURY building, etc. (Spec	petiant 3 DOA 4 Por At home, farm, stree	28. PLACE 28. PLACE THER: Nursing Home 5 F 28c. INJURY WORK? M 1 YES et, factory, office	OF DEATH (Check or Realdence 6 AT 28d 28t.	PERFOR 1 YES 2 Other (Specify) OESCRIBE HOW II LOCATION (Street a City or Yown, State)	NJURY OCCURED and Number or Rura ner as stated, d dua to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions Jen. 1e December 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 ER/Outp (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	petiant 3 DOA 4 Por At home, farm, stree	28. PLACE 28. PLACE THER: Nursing Homa 5 F 28c. INJURY WORK? M 1 YES et, factory, offica	OF DEATH (Check or Realdence 6 AT 28d	PERFOR 1 YES 2 Other (Specify) OESCRIBE HOW II LOCATION (Street a City or Yown, State)	NJURY OCCURED and Number or Rura ner as stated, d dua to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 No					
D BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions Jec., 1c Dec. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Sulcide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 29C. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Inpetient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) N A 28a. PLACE OF INJURY building, etc. (Spec	petiant 3 DOA 4 DO	28. PLACE 28. PLACE THER: Nursing Homa 5 F 28c. INJURY WORK? M 1 YES et, factory, offica	OF DEATH (Check or Realdence 6 AT 28d 2 NO 281.	PERFOR 1 YES 2 Other (Specify) OESCRIBE HOW II LOCATION (Street a City or Yown, State)	NJURY OCCURED and Number or Rura ner as stated, d dua to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AO					
D BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions Jec., 1c Dec. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Sulcide 8 Could not be determined 4 Homicide 8 Certifier (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER D 3 Juntal 2 30. NAME AND ADDRESS OF PERSON WHO	HOSPITAL: 1 Inpetient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) N A 28a. PLACE OF INJURY building, etc. (Spec	petiant 3 DOA of Albury	28. PLACE 28. PLACE THER: Nursing Homa 5 F 28c. INJURY WORK? M 1 YES et, factory, offica It the time, date end p in my opinion, death of	OF DEATH (Check or Realdence 6 AT 28d 2 NO 28t.	PERFOR 1 YES 2 Other (Specify) OESCRIBE HOW II LOCATION (Street a City or Town, State) e ceuse(e) and man date and place, an	NJURY OCCURED and Number or Rura ner as stated, d dua to the cause 29d. DATE SIGNI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 No					
D BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions Jec. 1 December 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	HOSPITAL: 1 Inpetient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) N A 28a. PLACE OF INJURY building, etc. (Spec	petiant 3 DOA 4 Properties of the street of	28. PLACE 28. PLACE THER: Nursing Homa 5 F 28c. INJURY WORK? M 1 YES et, factory, offica It the time, date end p in my opinion, death of	OF DEATH (Check or Realdence 6 AT 28d 2 NO 28t.	PERFOR 1 YES 2 Other (Specify) OESCRIBE HOW II LOCATION (Street a City or Yown, State)	NJURY OCCURED and Number or Rura ner as stated, d dua to the cause 29d. DATE SIGNI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 No					

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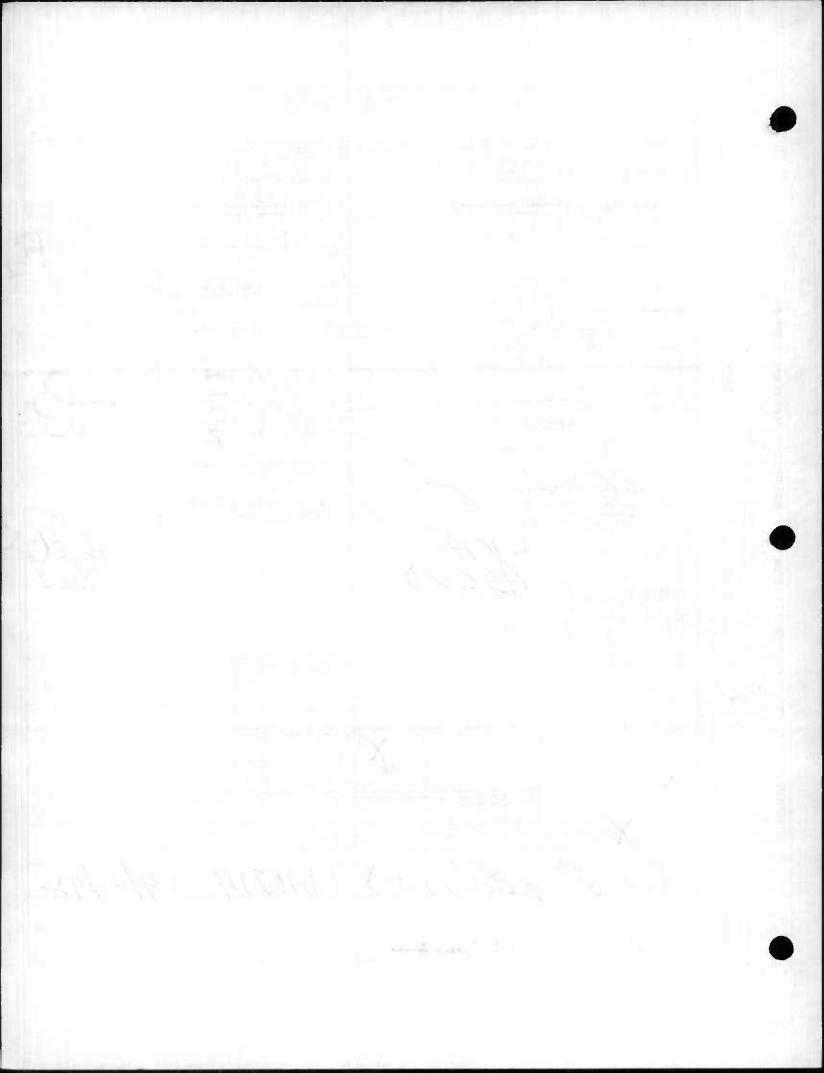
1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H	HEALTH AND I		GIENE 9	2 29808			
1. DECEDENT'S NAME (First, Middle, Las	st)	111	-0-1-		2. DATE OF DI	EATH	3. TIME OF DEATH			
ALBERT	R.	WE	BSTE	2	OCT.	2.199:	YEAR 1538 M			
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,		I. BIRTHPLACE (State or Foreign Country)			
218-16-5380	1 M 2 □ F	a5 YRS.	ONTING DATE	moons mm.	10-27		Maryland			
9a. FACILITY NAME (If not institution, give				OR LOCATION OF DE	EATH		Y OF DEATH			
PENINSULA REGIO	NAL MEDICAL C	ENTER	SALISB	URY		WIC	COMICO			
PENINSULA REGIO RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY	10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY			
Maryland So	merset	De	eal Is	land			LIMITS?			
	11/01/00	1 50		I. ZIP CODE	4 - 10 - 1 - 1 - 1 - 1	10g. CITIZE	EN OF WHAT COUNTRY?			
P.O. Box 100,	10236 Hote	el Road		21821			11. \$			
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Spi	ecity Yes or No- 1	4. RACE — American Indian,			
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR C	DATES		ecity Cuban, Mexica 2 (1) NO Specifi			Black, White, etc. Specify:			
	World Wa						Mhite			
15. DECEDENT'S E (Specify only highest gro	nde completed)	(Give kind of wor	rk done during ma	ON est of working	16b, KIND	OF BUSINESS/INDU	STRY			
15. DECEDENT'S E (Specify only highest on Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)			+ D+						
17. FATHER'S NAME (First, Middle, Last)		I Melliner,	Mail	t. Dept			Center			
	o.r.			Attended to the second	allegated, see					
19. INFORMANT'S NAME (Sma/Print)	EI	19b. MAJLING A	DORESS (Street II	Rita		Versley	Cordel			
Mrs. June Gra	ham Webster			10236						
204. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF				20c. LOCATION — CI	eal Island, M			
1 Donation 5 Other (Specify)	emoval from State CO	metery, crematory or other	r place)							
21. SIGNATURE OF FUNERAL SERVICE	1. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
▶ ()	,,. ()			inman F						
23. PART / Enter the diseases, o	/ Unm /	M00295	P	rincess	Anne,	Md. 21	853			
anock, or heart failure. List only one cause on each line. Interval Between Onset and Death a. CARCIAC ARREST DUE TO (DR AS A CONSEQUENCE OF): MCTASTATIC CARCIALINA OF AUAC										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):								
PART II. Other algnificant conditi	one contributing to deeth i	but not resulting in	the underlying	g cause given in	Part I. 24a.	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
Dia hetrs Me	11. 125					PERFORMED? YES 2 □ NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
Hypertension			-		_ ' '		OF DEATH?			
//					_					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	ack only one)					
1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Out		OTHER: Nursing Hom	e 5 🗆 Residence	6 Other (Spec	olfy)				
Dia hetes Me Hypefers 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ			HOW INJURY OCCU	RED			
1 Natural 5 Pending 2 Accident investigatio				YES 2 NO						
3 Suicide 6 Could not be determined	buliding, etc. (Spe	Y — At home, farm, atre	et, factory, office	•	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	YSICIAN: To the best of my know									
3 Suicide 4 Homicide 5 Could not to determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NUN			SIGNED (Month, Day, Year)			
Ru M	Cot 1	B		D229		ANG. DATE:) / Q / C 2			
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type: P	rint)			1,70	17/72			
011 111	712 105 F	2 Nr. Bar	FF RO	SACI.	SBURY	MARYL	120 21801			
OCT 13 '9	2 Julian	NATURE WILLIAM POND	482		,					

32. REGISTIAN'S SIGNATURE



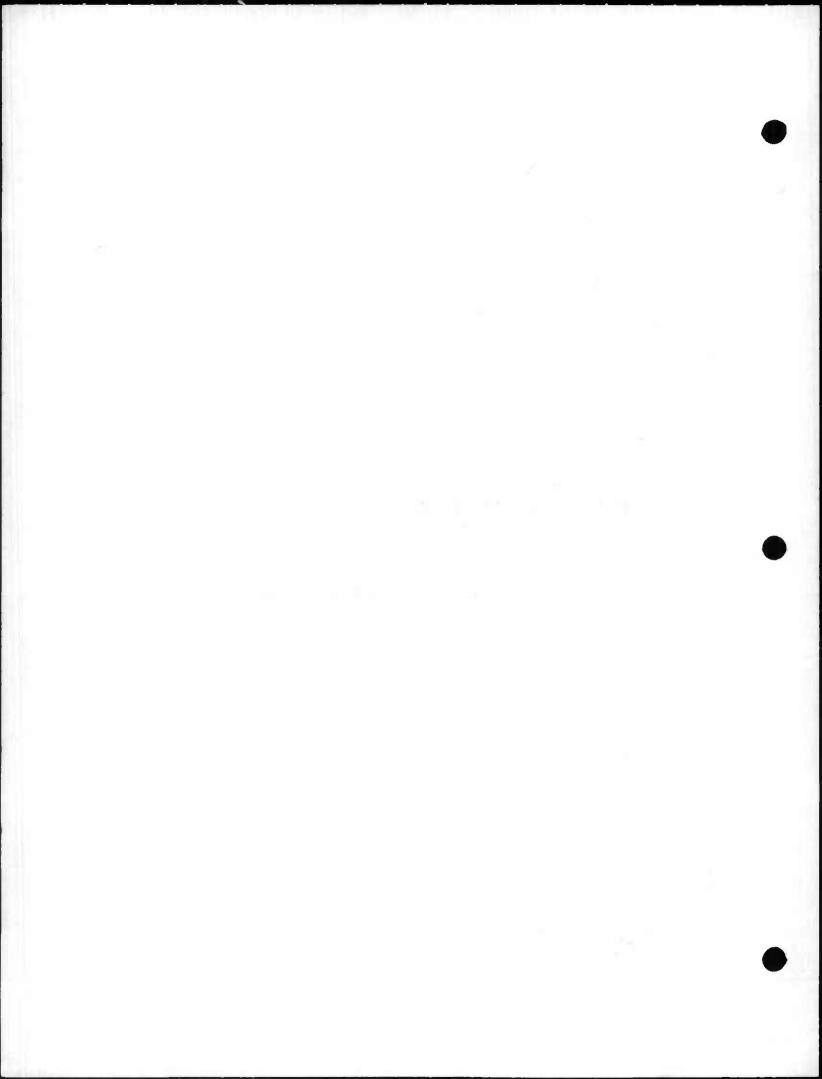
	TO BE COMBIETED BY BUYOUNIAM. MATERIAL
cal examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any markey, or other traumatic event, the medical examiner must be notified at once.
noval.	be filed within 72 hours after death with the State Dept. of Hastin and Mercan Hypere prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been support by the second completely filled in by the funeral director, page 5 should be detached
ifter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the man dean control within 24 hours after death. Page 6 may be retained by the host
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 STATE		STATE OF I						MENT	AL HYGIEN	9	2	29809	
	REGISTRAR				CERTIF	ICATE	OF DE	EATH		REG. NO				
	t. DECEDENT'S NAME (First	t, Middle, Last)							2. DAT	E OF DEATH	AY	YEAR	3. TIME OF DEATH	
	Ressie	I.	Whart						9	2:	1 9	32	2:15 A M	
	213-22-	7492	5. SEX	6. AGE (In yrs. 93		MONTHS D	MYS HO	JRS MIN.	7. DATI	E OF BIRTH oth, Day, Year)	1898	6. BIRTH	PLACE (State or Foreign ny) ryland	
	9a. FACILITY NAME (If not in	natitution, give a	street and number)			9b. CITY, TO	OWN OR LO	CATION OF E	DEATH		9c. COUN	ITY OF D	Y OF DEATH	
DIRECTOR	Alice By	rd Ta	wes Nur	sing	lone	Crisfield, MD						erset		
REC	10a, STATE	10b. COUNT	Somerse		10c, Cl	TY, TOWN OR						10d, INSIDE CITY LIMITS?		
	Maryland	field					1 TES 2 NO							
FUNERAL	21 Pear Sti						101. ZIP	21817			10g. CITI		NHAT COUNTRY?	
1 2	11. MARITAL STATUS	Leet	12 WAS DECEDEN	T EVED IN II O	ADMED	I an um	DECEMBE							
BY FL	1 Never Married 2 3 Widowed 4 Dive		FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MNO IF YES, GIVE WAR OR DATES				Cuben, Mexic NO Speci	an, Puerto	IN? (Specify Yes Rican, etc.)	or No-	14. RACE Black Speci	E — American Indian, k, White, atc. My: White	
8	15. DEC	EDENT'S EDU	CATION	160	DECEDENTS	USUAL OCCI	IDATION		1 44	- KBID OF 011		Address of	WIII CE	
H	(Specify onl	ly highest grade	completed) College (1-4 or 5			work done duri		working	16	b. KIND OF BUS	SINESS/IND	USTRY		
COMPLET	Grade 6	,		,	eamst	ress				Clot	hing			
00	17. FATHER'S NAME (First, M									Middle, Maiden	Sumame)			
H	C. Nicholas		<u> </u>							Evans				
2	Charles Elm		arton (Sc	m)						isbury,		218	01	
	20a. METHOD OF DISPOSIT		ar con (Sc	-		OF DISPOSITION			DA.	-	CATION — (
	1 Burial 2 Crematic		oval from State	cemetery,	cremetory or o				1		risfi			
	21. SIGNATURE OF PURERA	SERVICE LIC	ENSES					DRESS OF F		921 C.	TISTI	era	TID	
	Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD 21817													
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir	iseases, or e eart failure.		t caused the	death. Do ine.	not enter th	6 W. e mode o	Main ;	St ch ea cei	- Crisf	ratory arm	MD	21817 Approximata Interval Between	
	disease or condition resulting in death)	→	. 0/	1									distal.	
		41 12	00H9 TO	OR AS A CON	SEQUENCE O	#It							Vac	
CERTIFICATION	Sequentially list conditi		b. DUE TO	OR AS A COM	SEQUENCE O	f)s							Jears	
S	cause. Enter UNDERLY	ING	с											
E I	that initiated events resulting in death) LAS	т	DUE TO	(OR AS A CON	SEQUENCE O	F):								
CEL			d										1	
#	PART II. Other algnifice	ent condition	a contributing to	death but no	t reaulting	in the unde	rlying cau	se given in	Part i.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDION										1 TES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
Σ													1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO	OMEDICAL												
PHYSICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:			OUTER:		OF DEATH (C/				_		
1 ×	27. MANNER OF DEATH		1 Inpatient 2 I		3 LI DOA		c. INJURY	Residence		er (Specify) SCRIBE HOW II	LHEW OOD	LOSO		
		Pending Investigation	(Month, D		IN.	JURY	WORK?		200. DE	SCRIBE NOW II	WONT OCC	UNEU		
D BY		Could not be	28e. PLACE O	F INJURY — At	home, farm,	street, factory,	office		261. LO	CATION (Street a	nd Number	or Rural A	loute Number,	
E	4 Homicide	benimeteb	building,	with (Opochy)					City	or Town, State)				
F	Check only CERT	IFYING PHYSI	CIAN: To the best of	my knowledge,	death occurr	ed at the time	, deta and p	olece, and due	to the ca	use(a) and man	nor as state	d.		
COMPLETED	MEDI	CAL EXAMINE	R: On the beals of a	reminetion and/	or Investigation	on, in my opini	ion, death o	occured at the	time, dat	a and place, an	d due to the	cause(a)) and manner as stated.	
BE C	296, SIGHTURE AND TITLE	OF CERTIFIER	1/1	1//	1	1 X	29c.	LICENSE NU	MBER /	11	29d. DATE	SIGNED	(Month, Dev. Year)	
9	-gan	14-	Mu	ly	1/1	(1)		210	X)	4	1 0	1/0	X1/92	
7	James A.					Main S	+	Crice	1013	MD 3	1817	/	, ,	
4	31. DATE FILED (Month, Day,		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	'S SIGNATURE		alli S	-	CLIST.	reru	, PID 2	.101/			
	SEP 2.5		galia	Saviden	Maryla	M.								



1	1. DECEDENT'S NAME (Firs	t, Middle, Last)				CATE	-			2. DATE	REG. NO.			3. TIME OF DEATH
	WILLIAM CA	ARLTON	WARDEN							10	Ö		992	4:30 P M
	4. SOCIAL SECURITY NUM 212-24-235		1	AGE (In yrs. les	t birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HPIS.		OF BIRTH 30-193	7		PLACE (State or Foreign
	9a. FACILITY NAME (If not in	nstitution, give	street and number)	- 00		9b. CITY, 1	OWN C	OR LOCATI	ON OF DE			9c. COUNT		EATH
DIRECTOR	SACRED HEAD		PITAL			CI	JMBI	ERLAI	ND_		ALLEGA			GANY
R	10a. STATE	10b. COUNT			10c. CITY	r, TOWN OR	LOCAT	ION						10d. INSIDE CITY LIMITS?
- 10	MD 10s, STREET AND NUMBER		egany		Cr	esap							XX YES 2 NO	
FUNERAL			Dona		101, ZIP CODE							US	THAT COUNTRY?	
Š	14913 Lon	e vak	12. WAS DECEDENT EV	ER IN U.S. AR	S. ARMED 13. WAS DECEMBENT OF HISPANI						? (Specify Yes			- American Indian,
BY F	1 Never Married 2 X 3 Widowed 4 Dive	Married	FORCES? 1	10	yes, spi	ecify Cube		n, Puerto F				, White, etc.		
			Korear											white
LETE	(Specify on	CEDENT'S EDU	completed)	(G	CEDENT'S We kind of w Do NOT us	USUAL OCC rork done du e retired.)	ring mo	ON st of worki	ng	16b.	KIND OF BUS	SINESS/INDU	STRY	
3	Elementary/Secondary (0-12)	College (1-4 or 5+)	a	uto	body	ren	air			Stan	's Au	to E	sodv
COMPL	unknown auto body repair Stan's Auto Bod 17. Father's NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname)													
BE I	17. FATHER'S NAME (First, Middle, Lest) Samuel Warden Bessie M. Broadwater													
	19a. INFORMANT'S NAME (er, City or Town		,	
٥	Mrs. Cath		Warden		_				ad C	_	ptown,			
	ty Burlal 2 ☐ Cremati	on 3 🗆 Rem	novel from State	cemetery, cre	matony or of	her olecel	,		أمممآ	DATE		CATION — C	-	
ı	** Donetion 5 Other (Specify) Restlawn Memorial Gardens 10-12 LaVale, MD 11. SIGNATURE OF FUHERIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
-1	Scarpelli Funeral Home													
┪	23. PARTAL Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.													
H	shock, or h	eart failure.	List only one cause	on each line							and of toops	atory arro		Interval Between Onset and Death
	disease or condition resulting in death)	→	·	280 in	rofong Frihme									Citati and boats
İ	resoluting in dealth)	•	DUE TO (OR	AS A CONSEC	DUENCE OF		ø							
5	Sequentially list condit	tions.	b. Cr	o u w	-	10	-	(lef:	7)				
Ž I	if any, leading to imme	diate		AS A CONSEC	-): V	1	-						
	CAUSE (Disease or injuthat initiated events	ury	V-	AS A CONSEC):	~~	-						
눈	resulting in death) LAS	it (d				_							
wil	PART II. Other algnifica	ent condition	na contributing to dea	th but not r	esulting i	n the und	erlying	cause	given in	Part i.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
- 11	^	ulms?	m P3-0	gello	1						PERFOR			MARABLE PRIOR TO COMPLETION OF CAUSE
┪║			1 77	0 0					20-2					OF DEATH?
	- 0	lon	- christ CD3 tolks or (whong D3cage 10 YES 2 0 NO											
MEDICAL	- 0	lm	52 0 b3+	ull	<i>ب</i> ـد	(u	hom	7	use	-9-9				
MEDICAL	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	- Clo	<u></u>			7	EATH (Ch	ck only on)			
MEDICAL	EXAMINER?	CO MEDICAL	1- Inpatient 2 ER			OTHER:	26. PL	ACE OF D		6 🗆 Other	(Specify)			
FILTSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	Pending		JRY	DOA 28b. TIMI	OTHER: 4 Nursir	26, PL ig Home 8c. INJI	ACE OF D	esidence	6 🗆 Other		NJURY OCCU	RED	
	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	28a. DATE OF INJU (Month, Day, N	JRY per) JURY At ho	28b. TIMI	OTHER: 4 Nursir E OF 2	26, PL ng Home 8c. INJO 1 Y	ACE OF D • 5 □ R • URY AT RK? /ES 2 □	esidence	8 □ Other 28d. DEŞ	(Specify)			oute Number.
ED BY PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending	Prinpetient 2 - ER. 26a. DATE OF INJU (Month, Day, Ye	JRY per) JURY At ho	28b. TIMI	OTHER: 4 Nursir E OF 2	26, PL ng Home 8c. INJO 1 Y	ACE OF D • 5 □ R • URY AT RK? /ES 2 □	esidence	28d. DE\$	(Specify) CRIBE HOW II			oute Number,
ED BY PHYSICIAN: MEDICAL	EXAMMER? 1 YES 2 NO 27. Manner OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide	Pending Investigation Could not be datermined	PE Inpetient 2 ER. 26e. DATE OF INJU (Month, Day, W.) 28e. PLACE OF IN. building, etc.	JRY per) JURY At ho (Specify)	28b. TiMi INJi me, farm, s	OTHER: 4 Nursir E OF 2 URY M treet, factor	26. PL ig Home 8c. INJ WO 1 Y y, office	ACE OF D 5 GR URY AT RK? /ES 2 G	NO	8 Other 28d, DES 281, LOCA City of	(Specify) CRIBE HOW IF	and Number o	r Aural A	loute Number,
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O BE COMPLETED BY PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Hornicide 294. CETIFIER (Check only one) 2 MED	Pending Investigation Could not be determined TIFYING PHYS PICAL EXAMINE FOR CERTIFIE	28a. DATE OF INJI (Month, Day, M 28a. PLACE OF INJI (Month, Day, M 28a. PLACE OF IN. building, etc. ICIAN: To the best of my I ER: On the basia of axamili R	JURY — At hor (Specify) knowledge, de netion and/or i	28b. TIMI INJI me, farm, s ath occurre	OTHER: 4 Nursir E OF 2 M treet, factor d at the tim	26. PL ig Home 8c. INJ WO 1 Y y, office	ACE OF D 5 G R4 URY AT RK? 7 and place	NO NO NO NO NO NO NO NO NO NO NO NO NO N	8 Other 28d. DE\$ 28f. LOC/ City of	(Specify) CRIBE HOW IN STION (Street a or Town, State)	ond Number of states of due to the 29d. DATE	r Rural R	and manner as stated,

32. AEGISTRAT'S, SIGNATURE GUNA DAY SON-Pandell



3. TIME OF DEATH

2. DATE OF DEATH

FOR

1 -

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2a bours
	DING
2	ATTEN
5	G
	SPITAL

13 10 LEONE LOUISE WILLIAMS 1992 20:30 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 180 50 4558 73 1 M 2 X F YRS. 05/17/1919 PA for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SACRED HEART HOSPITAL DIRECTOR CUMBERLAND, MARYLAND ALLEGANY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ALLEGANY ELLERSLIE 1 X YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21529 USA P O BOX 412 ned by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 22 200 14. RACE --- American Indian, Black, White, etc. **ARYLAND** 21215-0020 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: WHITE BY 3 X Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) detached 12 HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sums HENRY J. EISER VIRGINIA HERZOG onld be notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 21529 ELLERSLIE, MD JOHN M. EISER 2 METHOD OF DISPOSITION

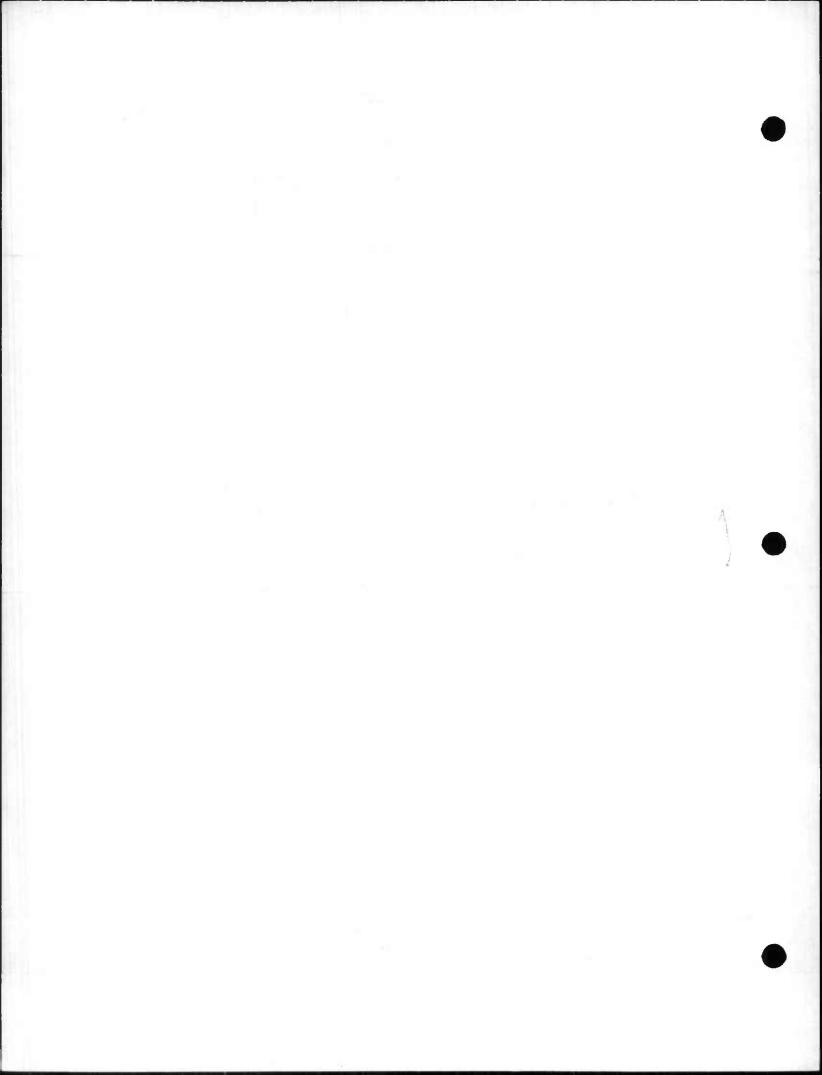
Burlel 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of must t DATE 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) GRANDVIEW CEMETERY 10/16/92 JOHNSTOWN, PA examiner 21. SIGNATURE/OF FUNERAL BERVICE/LICENSES 22. NAME AND ADDRESS OF FACILITY n by the funeral removal. HARVEY H. ZEIGLER FUNERAL HYNDMAN. PA 15545-0636 medical 23. PART I. Enter the di filled in by ations that claused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between **IMMEDIATE CAUSE (Final Onset and Death** and completely fille burial, cremation, event, the disease or condition ay resulting in death) traumatic MEDICAL CERTIFICATION Sequentially list conditions, inding physician an Hygiene prior to b DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING TYPENTEY SILV DUE TO HOR AS A CONSEQUENCE OF): CAUSE (Disease or injury or other that initiated events resulting in death) LAST the atten Mental H thas been signed by the attented by the attented of Health and Mental Fin 23 shows any injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO 5 COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Seese 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) this certificate hi Hem HOSPITAL:

1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 - Num ng Home 5 - Residence & - Other (Specify) ö 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investige 1 YES 2 NO BY After t 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide .00 281. LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED 6 Could not be FUNERAL DIRECTOR: within 72 hours after item 28 4 Homicide 29s. CERTIFIER (Check only one)

2 MEDICAL EXAMINED: On the heat of avanisation ender investigation to the cause (a) and manner as stated. IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Duy, 물물을 2119 11925 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, UTEM 27) (Type, Print) B 5 909A SETON 32. REGISTRAR'S SIGNATURE.
Sulia Davidson-Randale 31. DATE FILED (Month, Day, Year) 1 4 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

452 60 0006

RESIDENCE OF DECEDENT

Maryland

I. DECEDENT'S NAME (First, Middle, Last)

David Williamson, Jr.

9a. FACILITY NAME (If not institution, give street and number)

7211 MacArthur Boulevard

10b. COUNTY

5. SEX

Montgomery

1 🔀 M 2 🗌 F

1 -

DIRECTOR

FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 7211 MacArthur Boulevard 2081 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF I **ARYLAND 21215-0020** If yes, specify Cuben, I 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Korea COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) ege (1-4 or 5+) 4 Government Official 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER David Williamson notified at Rac BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Ruth R. Williamson 7211 MacArthur Bou must be 20s. METHOD OF DISPOSITION
1 ☐ Burlel 2 € Cremation 3 ☐ Removel from State
4 ☐ Donation 5 ☐ Other (Specify) 206. PLACE AND DATE OF DISPOSITION (Name of 10 Montgomery Crematorium examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS Home/Bethes M00689 wisconsin A medicai 23. PART Lengt the diseases, or complications that caused the death. Do not enter the mode of dying shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the Metastatic Lung Cancer DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremati resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause give MEDICAL shows any has be Dept. 23 si PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEAT this certificate his with the State C rrked, or Item HOSPITAL: OTHER 1 TYES 2 [] NO 1 Inpetient 2 ER/Outpetient 3 DOA me 5 KResid 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT marked, 1 X Natural 5 Pending 1 YES 2 A BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28 is 6 Could not be determined COMPLETED If item 29e. CERTIFIER (Check only (Ch FUNERAL (HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 2 MEDICAL EXAMINER: On the 296, SIGNATURE AND TITLE OF CERTIFIER BE 9 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typh. Print)

M.D.

32. REGISTRAR'S SIGNATURE

Frederick

31. DATE FILED (Month, Day, Year)

P

OCT 09 '92

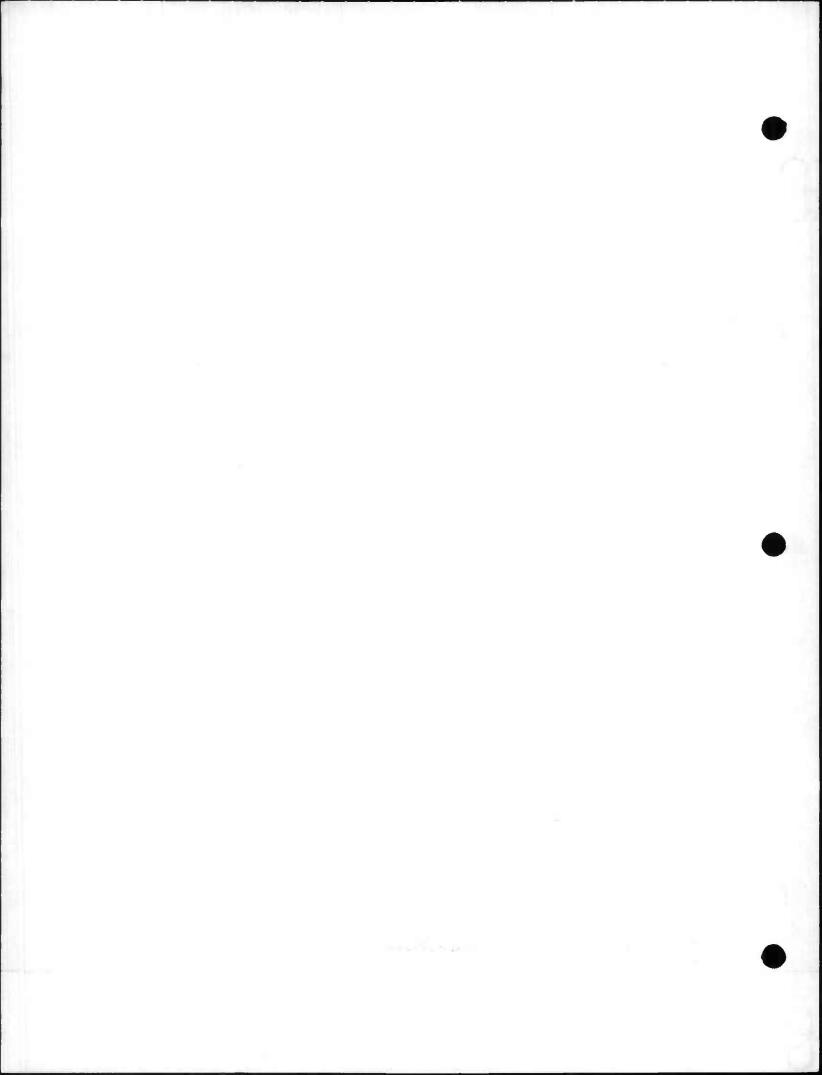
Smith

STATE OF MARYLAND / DEPARTMENT OF HEALTH A

8. AGE (In yrs. last birthday)

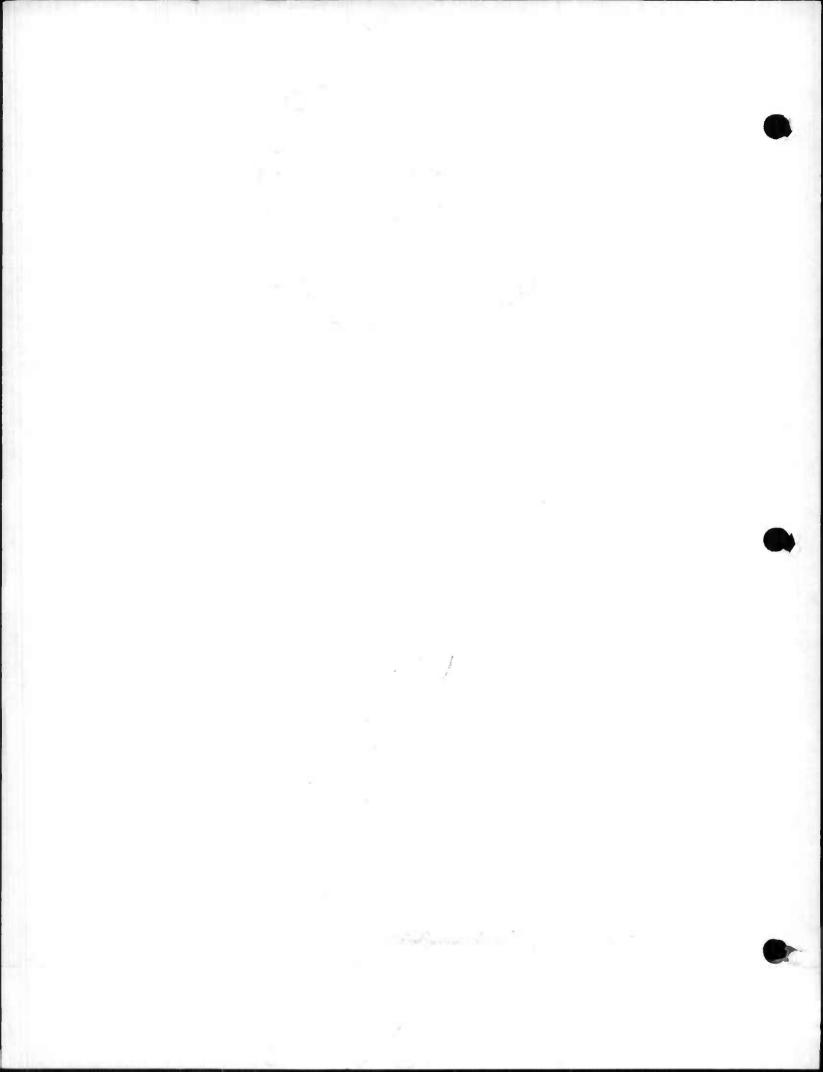
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	In yrs. las	birthday)	IF UNDE	DAYS	HOURS	R 24 HRS.	(Mor	E OF BIRTH th, Day, Year)		Cour	réry)	CE (State or Foreign		
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ille. Do NOT use retined.)														
Government Official N.A.S.A.														
18. MOTHER'S NAME (First, Middle, Maiden Surname) Rachel Price														
	198	. MAILING	ADDRES	S (Street	and Numbe	r or Rural	Route Nu	nber, City or Tow	n, State, Zip	Code)				
	7	211	Mac	Arth	ur Bo	oule	ard	,Bethes	sda,M	ary	lan	d 20816		
20b	PLACE/	ND DATE	OF DISPO	SITION (Name of]	.0-8-	-92DA	TE 20c. LO	CATION —	City or 1	ľown,	State		
M	ontg	omer	y Cr	ema	toriu	ım, I	inc.	Bet	hesd	a, N	lar	yland		
			22	. NAME /	AND ADDRE	SS OF FA	CILITY	Robert	A. P	umpl	nre	y Funeral		
0	0689							vy Chas Bethes				nd 20814		
e e	the de	ath. Do r	not ente	r the m	ode of dy	ing, suc	h as ca	rdiac or resp	iratory an	reat,		Approximate Interval Between Onset and Death		
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ry r)		28b. TIM	IE OF JURY M	W	HJURY AT YORK? YES 2 [□ NO	28d. Di	SCRIBE HOW I	NJURY OC	CURED				
Pec	— At ho	ne, farm, :	street, fac	tory, off	Ice		28f. LO C/h	CATION (Street of or Town, State)	and Number	or Rural	Route	Number,		
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				-				euse(s) and mai is and place, an			(s) and	f manner as stated.		
	4				29e LiC	ENSE NU	WIER	1.0	29d. DAT	E SIGNE	D (Mo	rith, Day, Year)		
3	\checkmark	>_			ID	22	0,0	<u> </u>	0	ctol	oer	8, 1992		
		6 27) (Type												
5	401	West	ern	Ave	nue,	N.W.	, W	ashingt	on,	D.C		20015		



HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be many that the law requires that the death certificate be executed within 24 hours after death. Page 6 may be many that the law requires that the death certificate be executed within 24 hours after death.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page is the complete or use as the buria	
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		1 - FOR STATE REGISTRAR	STATE OF	MARYLA	ND / DEPAR CERTIF			EALTH AND M	MENTA	L HYGIEN					
		1. DECEDENT'S NAME (First, Middle JOSEPH	EDMUN		WINSLO	J			MONTI	OF DEATH DO		EAR	3. TIME OF 0		
p	1	4. SOCIAL SECURITY NUMBER 216-44-3966	S. SEX	6. AGE (II	yrs. last birthday) YRS.		DAVS	HOURS MN.	NOV.	of BIRTH h, Day, Year) 26,	L909 1	VEW	YORK	or Foreign	
1, 2, 3 sho	TOR	98. FACILITY NAME (If not institution 2201 C	OLSTON DRI	VE			LLVI	ER SPRIN			9c. COUNTY MON		MERY		
permit. Pages 1, 2, 3 should	- DIRECTOR	MARYLAND	MONTGOMER	Y		Y, TOWN OR ILVER	SPI	RING				- 1	10d. INSIDE (LIMITS? 1 YES 2		
5	FUNERAL	100. STREET AND NUMBER 2201 COLSTON 11. MARITAL STATUS		12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPA				20910	10 USA				F WHAT COUNTRY?		
21215-0020 or attending physician.	BY	1 Never Married 2 Marrie 3 Widowed 4 Divorced	FORCES?	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexi 1 YES 2 NO Spe						rr (Specify Ye Rican, etc.)	Black, Specify:	CE — American Indian, ct., White, etc. city: WHITE			
D 21214	LETED	15, DECEDENT (Specify only higher Elementary/Secondary (0-12)	"S EDUCATION st grade completed) Coflege (1-4 or 5	College (1-4 or 5 +) (Give kind of work done during most of works life. Do NOT use retired.)							SINESS/INDUS	TRY			
NA N	COMPLET	17. FATHER'S NAME (First, Middle, L JOSEPH EDW			PERSONN	EL MAI	NAG	EMENT 18. MOTHER'S NAM ELIZABET	NE (First, I			ZD.			
	TO BE	19a. INFORMANT'S NAME (Typo/Pri YVETTE D. WINS	ne)	<u> </u>				ORIVE, SI	oute Numi	ber, City or Tow	vn, State, Zip Co	ode)	910		
ALTIMORE, teath. Page 6 may be funeral director, page		20e. METHOD OF DISPOSITION 1 \times Burlel 2 \cap Cremetion 3 \\ 4 \cap Donation 5 \cap Other (Special Contents)	(y)	ceme	PLACE AND DATE (OF DISPOSITI	ON (Nar	ne of	DAT	E 20c. LC	CATION — Ch	y or Town	m, State		
		1. SIGNATURE OF FUNERAL SERVICE LICENSEE AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901													
nin 24 hours nin 24 hours rety filled in t mation, or ret		23. PART I. Enter the disease shock, or heart fill IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ACU	T E	CONSEQUENCE OF	OCA:	<u> </u>				e	l,		kirnate if Between and Death	
P.O. BOX 68' h certificate be execute ndring physician and c. Hygene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C	(OR AS A	OS CL E CONSEQUENCE OF): 	.5						Yea	ars	
A and A	MEDICAL	PART II. Other significant co	nditions contributing to	deeth bu	it not resulting i	n the unde	erlying	cause given in P	Part I.	24e. WAS AN PERFOI 1 YES 2	RMED?	6	WERE AUTOPS MAILABLE PR COMPLETION OF DEATH? 1 YES 2	OF CAUSE	
OF VITAL RECO PHYSICIAN: The law requires th this certificate has been signed with the State Dopt. of Health riked, or item 23 shows an	PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF DEATH (Chec	ck only on	e)					
ON OF VI		1 YES 2 AO 27. MANNER OF DEATH 1 Pendir	9		28b, TiM		Bc. INJU WOF	5 Residence 6 RY AT IK? ES 2 NO			INJURY OCCUP	IED			
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The Iaw DIRECTOR: After this certificate has hours after death with the State Dep	ETED BY	2 Accident Investi 3 Suicide 6 Could 4 Homicide determ	not be 28s. PLACE (OF INJURY -	— At home, farm, s	street, fectory			28f. LOC City	ATION (Street or Town, State)	and Number or	Rural Ro	ute Number,		
DI TAL OR AL DIRI 72 hour	COMPLE		PHYSICIAN: To the best of XAMINER: On the basis of										and manner	ss stated.	
TO THE HOSPI TO THE FUNER TO Filed within	TO BE C	296, SIGNATURE AND TITLE OF CI	f, MI)					29c, LICENSE NUME	BER 19		29d. DATE S	IGNED (A	Month, Day, Ye	ber)	
7)	-	20. NAME AND ADDRESS OF PERS	B106, M)	8218 W	Print) 15 CD	U12	iAre	3	E THE	5 DA ,.	m	208	k K.	
		31. DATE FILES (ACTO 9 92	32. REGISTR	TE SIGNA	TUHED	•			7						



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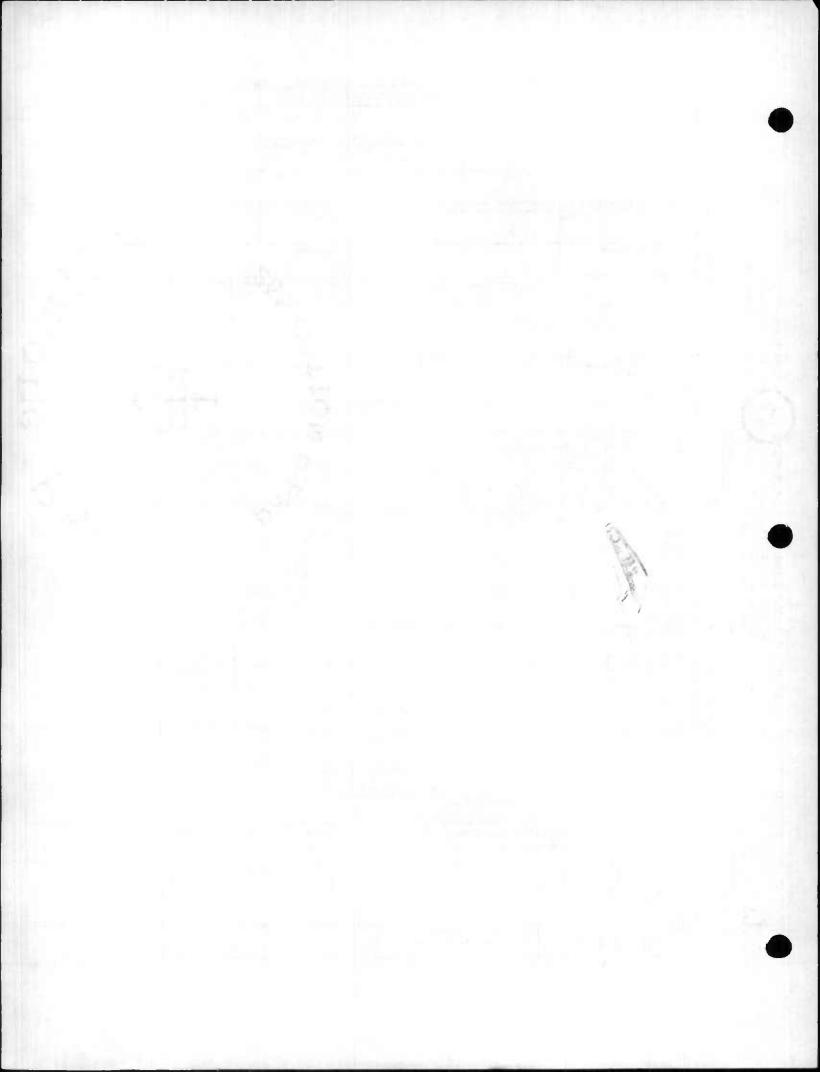
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2 DATE OF DEATH		3. TIME OF DEATH		
	C. Raymond Yu	tzv				Oct. 10	1992	10 45 A.M.		
	4. SOCIAL SECURITY NUMBER 5. SE	EX 6. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF SIRTH	1 0 9	IRTHPLACE (State or Foreign		
	214-07-5858 17	M 2 F 85	YRS.	Feb. 15,	1907 sc. COUNTY	Mel.				
Œ					avage			gany		
DIRECTOR	RESIDENCE OF DECEDENT									
RE	10e. STATE 10b. COUNTY		10c. CITY, T			10d. INSIDE CITY LIMITS?				
	Md. Alleg.	any	Mt	. Savag				1 YES 2 NO		
FUNERAL	Rt. 1, Box 47			101.	ZIP CODE 21545	5		OF WHAT COUNTRY?		
NE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			12 WES DEC		C ORIGIN? (Specify Yes				
	1 Never Married 2 Married F	ANO	cify Cuban, Mexicar	n, Puerto Rican, etc.)						
B	3 ₩ Widowed 4 □ Divorced	F YES, GIVE WAR OR DATES		1 U YES	2 NO Specify	:		White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple		DECEDENT'S US			166. KIND OF BU	SINESS/INDUST	RY		
	Elementary/Secondary (0-12) Coli	lege (1-4 or 5+)	Ilfe. Do NOT use re	etired.)		(D)	7			
MP	12	2	Super	visor	VI = 3277404	Texti				
8	17. FATHER'S NAME (First, Middle, Last)	0.				ME (First, Middle, Meiden	Surname)	W.		
BE	William H. Yutz	y Sr.			Alice					
2	190. INFORMANT'S NAME (Type/Print)						nber, City or Yown, State, Zip Code)			
	De Noma Stallings P.O. Box 305, Ellerslie, Md. 21529 20a, METHOD OF DISPOSITION (Name of competer), crematory or 20c. LOCATION — City or Town, State							or Town Stele		
	1 Burial 2 Cremetion 3 Removal fr	rom State St.	George	Cemet	ery 10/:	13 Mt	. Sava	ge, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE				D ADDRESS OF FA			-		
	+ John P. K	form		Dursi	t Funeral	l Home, Fr	ostbur	, Md. 21532		
	23. PART I. Enter the diseases, or compl			enter the mo-	de of dying, suci	h as cardiac or resp	Iratory srrest,			
	shock, or heert fellure. List only one ceuse on eech lina. IMMEDIATE CAUSE (Final Onset and Death									
	disesse or condition and the season of the s									
	resulting in death) DUE TO FOR AS A CONSEQUENCE OF):									
Z	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due to for as a consequence of: Sequentially list conditions, Due to one as a consequence of: Due to one as a consequence of:									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
S	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF):							
Ē	resulting in death) LAST	•	,					!		
핑	a									
AL	PART II. Other algnificant conditions cor	atributing to death but n	ot resulting in	the underlying	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL						1 _ YES	2X NO	OF DEATH?		
ME						_		1 TYES 2 NO		
ä										
PHYSICIAN:		SPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)				
₹S	1 YES 2 NO 1	Inpatient 2 PER/Outpatien 28e. DATE OF INJURY	R 3 DOA 4	☐ Nursing Hom		6 Other (Specify)	In Him contra	FD.		
F	1 Natural 5 Pending	(Month, Day, Year)	26b. TIME (Y WO	YES 2 NO	28d. DEŞCRISE HOW	INJURY OCCUR	ED		
B	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — A	At home, ferm, stre			26f, LOCATION (Street	and Number or F	Pural Route Number.		
COMPLETED	4 Homicide 6 Could not be determined	building, etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	,		City or Yown, State		•		
9	29a. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the best of my knowledge	, death occurred	at the time date	and place, and due	to the ceuse(e) and mu	nner se stated.			
MP	(Check only one) 2 MEDICAL EXAMINER: On							suse(e) and manner as stated.		
	29b. SIGNATURE AND POLE OF CENTREEN				29c. LICENSE NUI	MSER	29d, DATE SI	GNED (Month, Day, Year)		
H	111110	melm	2		Do	7181	D 11	1-12-92		
임	30. NAME AND ADDRESS OF PERSON WHAT COL	MPLETED CAUSE OF DEATH	(ITEM 27) (Type, P	rint)		710/	/ (
	Gary L. Wagner.	M.D. 925 Bi	shop Wa	lsh Roa	d. Cumbe	rland, Md	21502			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAB'S SIGNATUR	BE							
	UU 1 1 3 1992 I	Suha Davidson-	Mande B2							

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20	1	218-50-0526	1 M 2 X F	75	YRS.	MONTHS	DAYS	ľ
3 should		Se. FACILITY NAME (If not inetitution, give etre	et end number)			9b. CITY	r, TOWN O	
ci .	DIRECTOR	Garrett County	Memoria1	Hosp	ita		0.	ĉ
permit. Pages 1,	ZEC.	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	y, TOWN	OR LOCAT	P
2		Maryland Gari	rett		Acc	ide	nt	
Eled	FUNERAL	10e. STREET AND NUMBER					101.	,
an. transit	NE		<u>nt/Bitti</u>			-		
LAND 21215-0020 the hospital or attending physician. e detached for use as the burlal-transit once.	BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2X N		- 12	WAS DECI If yes, spe 1 YES	Þ
ND 21215-0 hospital or attending ached for use as the	0	1s, DECEDENT'S EDUCA (Specify only highest grade of					CCUPATIO	
pital or	COMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life.	Do NOT us	e retired.)		
LAND the hospit detached	OM	17. FATHER'S NAME (First, Middle, Last)		Home	Sliigk	er		
-	BE C	Jonathan Dolan						
	0	19a. INFORMANT'S NAME (Type/Print)				ADDRES	S (Street e	7
	-	Virgil W. Yoder		R:	_		OX.	
must be notified at		20e, METHOD OF DISPOSITION 1	al from State	cemetery, crem	nd DATE (ther place)		
Pag al di		21. SIGNATURE OF FUNERAL BERVICE LICE	MSEE	IMapi	2 41		Ceme	
BALTIMO er death, Page to the funeral direct ral.		10 Lynn	Deun	an			wmai	
B. Ours after of in by the or removal.		23. PART I. Enter the diseesea, or co	mplications that c	eused the dec	th. Do r		rani	
3 5 5 6		shock, or heart fellure. Li IMMEDIATE CAUSE (Final	at only one ceuse	on each line.				
50, within 24 h spletely filled cremation, rent, the		disease or condition resulting in death)	pneumoni	a				
ted within completely ial, cremat event, t				R AS A CONSEQ		•		1
x 6876 executed n and com to burial, o	ON	Sequentially list conditions, b.	acute ce	r as a conseq			iccio	l
BOX ificate be a physician a ne prior to her traum	CAT	If any, leading to immediate cause. Enter UNDERLYING	atherosc	_		,		
DS, P.O. BOX 68760, the death certificate be executed within the attending physician and complete of Mental Hygiene prior to burlal, creminjury, or other traumette event,	CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEC	UENCE OF	ን:		
S, P. death c attend ental Hy, or	H	d.						
RDS hat the d and Mer ny Injur		PART II. Other significent conditions		eth but not re	sulting I	n the ur	derlying	J
LCOR puires that signed by Health an	MEDICAL	diabetes mellitus				_		_
2 2 2 2 2								_
AL H has been been been been been been a 23 sl	CIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	-
	S	EXAMINER?	HOSPITAL:	R/Outpatient 3 (DOA	OTHE		
PHYSICIAN this certifi with the	PHY	27. MANNER OF DEATH	28e. DATE OF IN. (Month, Day,	JURY	28b, TIM	-	28c. INJU	U
DING PHYS After this of death with s marked	BY	1 Netural 5 Pending 2 Accident Investigation		roury	1143	M	1 🗆 Y	
TTENDI TTENDI TTOR: A after d		3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF II building, ato	NJURY — At hon :: (Specify)	ie, farm, s	treet, fact	ory, office	
DIVISION ATTEN DIRECTOR: hours after Itom 28 I	S.E.	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my	knowledge, dee	th occurre	d at the t	ime, deta	
3 3 C =	COMPLETED	one) 2 MEDICAL EXAMINER:						
보 보 들 등	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	lum	-0.4	W	0		-
P P 2 ₹	2	30. NAME AND ADDRESS OF PERSON WHO		OF OEATH (ITEM	27) (Type	Print)		
3			, M.D., A	-			1520	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S	SIGNATURE	00			
		OCT 1 6 1992	1 Ray Davids	are-Marian				

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 1. TIME OF DEATH Dolan Is. SEX Amy Yoder October 11 1992 11:40 PM 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Morth, Day, Year) 3/24/1917 IF UNDER 24 HRS. HOURS MIN Maryland R LOCATION OF DEATH 9c. COUNTY OF DEATH akland Garrett 10d. INSIDE CITY 1 YES 2 NO ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21520 USA ENDENT OF HISPANIC ORIGIN? (Specify Yea or No— lefty Cuben, Mexican, Puerto Rican, etc.) 2 NO Specify: 14. RACE — American Indian, Black, White, etc. White of working 16b. KIND OF BUSINESS/INDUSTRY Own Home 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Bertha Landacre d Number or Rural Floute Number, City or Town, State, Zip Code) 71; Accident, MD 21520 OATE 20c. LOCATION - City or Town, State 10/14 Grantsville, MD etery ADDRESS OF FACILITY r Funeral Homes, P.A. sville, Maryland 21536 e of dying, such as cardiec or respiratory arrest, Approximata Interval Between Onset and Death 1 week ent 4 weeks 4 years 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 TYES WX NO 1 YES 2 NO CE OF OEATH (Check only one) 5 - Residence 8 - Other (Specify) RY AT 28d. DESCRIBE HOW INJURY OCCURED ES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) nd place, and due to the cause(e) end manner as stated. ith occured at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) October 12, 1992 D25759



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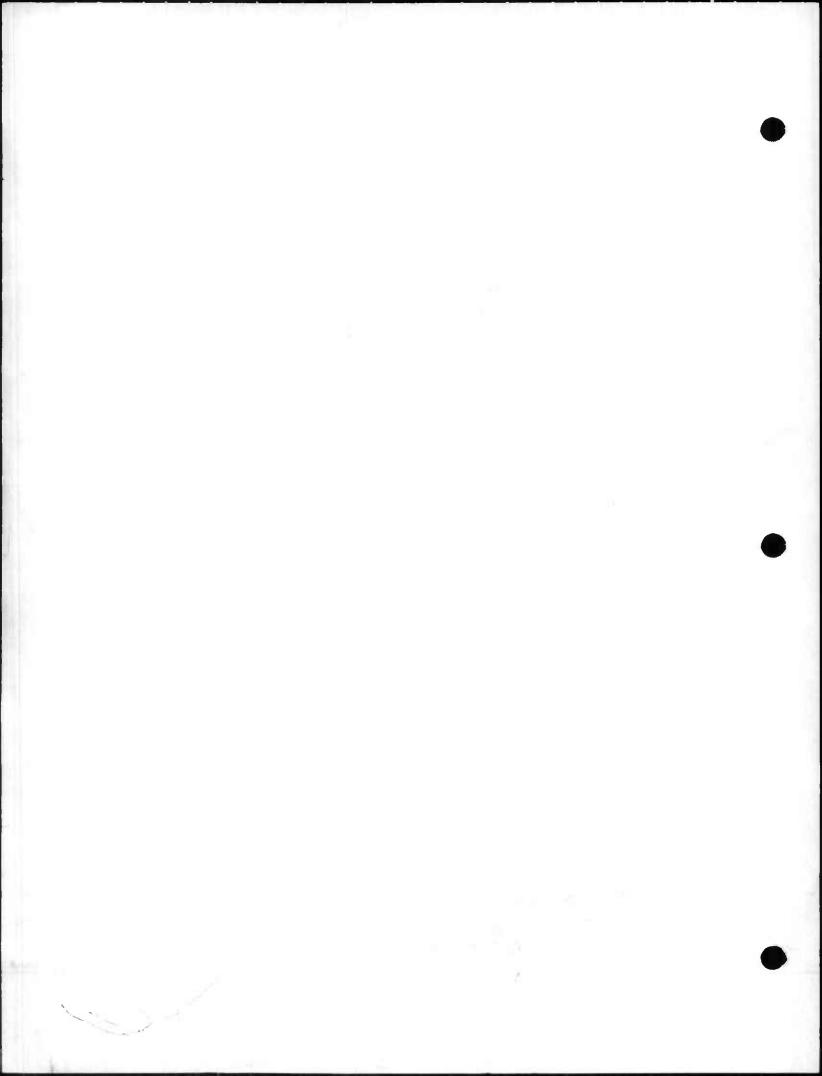
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) FUNDER 1 YEAR FUNDER 24 MRS. 7. DATE OF BRITH (Morith, Day, Year) 9. SEPT. 21, 1909 PHILI 9. COUNTY OF DEATH HOLY CROSS HOSPITAL PESIDENCE OF DECEDENT 106. STATE 106. COUNTY 106. STATE 106. COUNTY 106. STATE 106. COUNTY 106. STATE 106. COUNTY 106. STATE 106. COUNTY 106. STATE 106. COUNTY 107. ZIP CODE 108. SILVER SPRING 109. STREET AND NUMBER 109	ERY IMITS? YES 2 NO NT COUNTRY? American Indian, phile, etc.						
4. SOCIAL SECURITY NUMBER 7. 09-09-5365 1	ACE (State or Foreign IPPINES TH ERY Id. INSIDE CITY LIMITS? YES 2 NO IY COUNTRY? American Indian, Phile, etc.						
TO 9-09-5365 1 M 2 F 83 VRS. MONTHS DAYS NONT NO PROCESS HOSPITAL 96. CITY, TOWN OR LOCATION OF DEATH 97. FACILITY NAME (If not institution, give street and number) HOLY CROSS HOSPITAL SILVER SPRING MONTGOME 106. STATE 106. COUNTY MARYLAND MONTGOMERY 106. STATE 106. COUNTY MARYLAND MONTGOMERY 106. STATE 107. STREET AND NUMBER 626 BENNINGTON DRIVE 108. STREET AND NUMBER 626 BENNINGTON DRIVE 109. CITIZEN OF WHA 11. MARITAL STATUS 11. MARITAL STATUS 11. MARYLAND 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Ves or No- 14. RACE- Black, W. Specify: 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DOTO use retired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last) 19. SEPT. 21, 1909 PHILI 96. COUNTY OF DEATH MONTGOME 109. CITIZEN OF WHA 109. CITIZEN OF WHA 11. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Ves or No- 12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Ves or No- 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Ves or No- 14. RACE- Black, W. Specify: 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. MOTHER'S NAME (First, Middle, Last) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) RUFINA KAHUBUAN	IPPINES TH ERY Id. INSIDE CITY LIMITS? YES 2 NO IX COUNTRY? American Indian,						
HOLY CROSS HOSPITAL SILVER SPRING MONTGOME 10a. STATE 10b. COUNTY MARYLAND MONTGOMERY 10c. CITY, TOWN OR LOCATION MARYLAND MONTGOMERY SILVER SPRING 10f. ZIP CODE 10g. CITIZEN OF WHA 10g	ERY IMITS? YES 2 NO NT COUNTRY? American Indian, phile, etc.						
106. STREET AND NUMBER 626 BENNINGTON DRIVE 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. Never Merried 2 Married 3 Wildowed 4 Diversed 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 12. WAS DECEDENT OF HISPANC ORIGIN? (Specify Yes or No— H yes, specify: Cubern, Marican, Puerto Rican, etc.) 1 YES 2 NO Specify: 1 YES 2 NO Specify: 1 YES 2 NO Specify: 1 YES 2 NO Specify: 1 No. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refred.) 12. WAS DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refred.) 12. WAS DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refred.) 12. WAS DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refred.) 12. WAS DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refred.) 12. WAS DECEMBENT OF HISPANC ORIGIN? (Specify Yes or No— 14. RACE— Black, W Specify: FILITE 15. MOTHER'S NAME (First, Middle, Maiden Surname) RUFINA KAHUBUAN	LIMITS? YES 2 NO NO NO American Indian, Phile, etc.						
106. STREET AND NUMBER 626 BENNINGTON DRIVE 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Married 3 Nidowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 19. CITIZEN OF WHA 109. CITIZEN OF WHA 20910 13. WAS DECEDENT OF HISPANC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) If yes, specify: I yes 2 No Specify: I yes 2 No Specify: I ves 2 No Specify: I ves 2 No Specify: I ves 3 No Specify: I ves 4 No No OF BUSINESS/INDUSTRY 109. CITIZEN OF WHA 11. RACE— Black, W Specify: I ves 4 No Specify: I ves 4 No Specify: I ves 5 No Specify: I ves 6 No No OF BUSINESS/INDUSTRY 109. CITIZEN OF WHA 11. RACE— Black, W Specify: I ves 6 No No OF No No OF No No No No No No No No No No No No No	YES 2 NO AT COUNTRY? American Indian, //hite, etc.						
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3 Wildowed 4 Divorced IF YES, GIVE WARTOR DATES 1 VES 2 NO Specify: FILIE 1945—65 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 17. FATHER'S NAME (First, Middle, Lest) ISIDRO YORRO 18. MOTHER'S NAME (First, Middle, Melden Surname) RUFINA KAHUBUAN	Mite, etc.						
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ISIDRO YORRO RUFINA KAHUBUAN							
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ISIDRO YORRO RUFINA KAHUBUAN							
10 MAI INFORMANT'S NAME (Specificial)							
196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
CATHERINE DROST (DAUGHTER) 626 BENNINGTON DRIVE STLVER SPRING, MARYI	AND 20010						
CATHERINE DROST (DAUGHTER) 626 BENNINGTON DRIVE SILVER SPRING, MARYI 200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of an arriver) 200. LOCATION — City of Town.							
1 X Buriel 2 Cremation 3 Removal from State Cometery, crematory or other (piece) GATE OF HEAVEN CEMETERY 10/14 SILVER SPRING							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME,	INC						
term D. Struck 500 UNIVERSITY BLVD., W. SIL. SPR.,							
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	Approximate Interval Between						
IMMEDIATE CAUSE (Final	Onset and Death						
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resulting in death) LAST							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WE PERFORMED?	ERE AUTOPSY FINDINGS						
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PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 MO 1 VES 2 MO OF 1	MALBLE PRIOR TO PORT OF CAUSE POEATH? yes 3/49 We Number, and manner as stated. onth, Day, Year)						



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DIVISION OF VITAL RECORDS, P.O. BOX 6876U,

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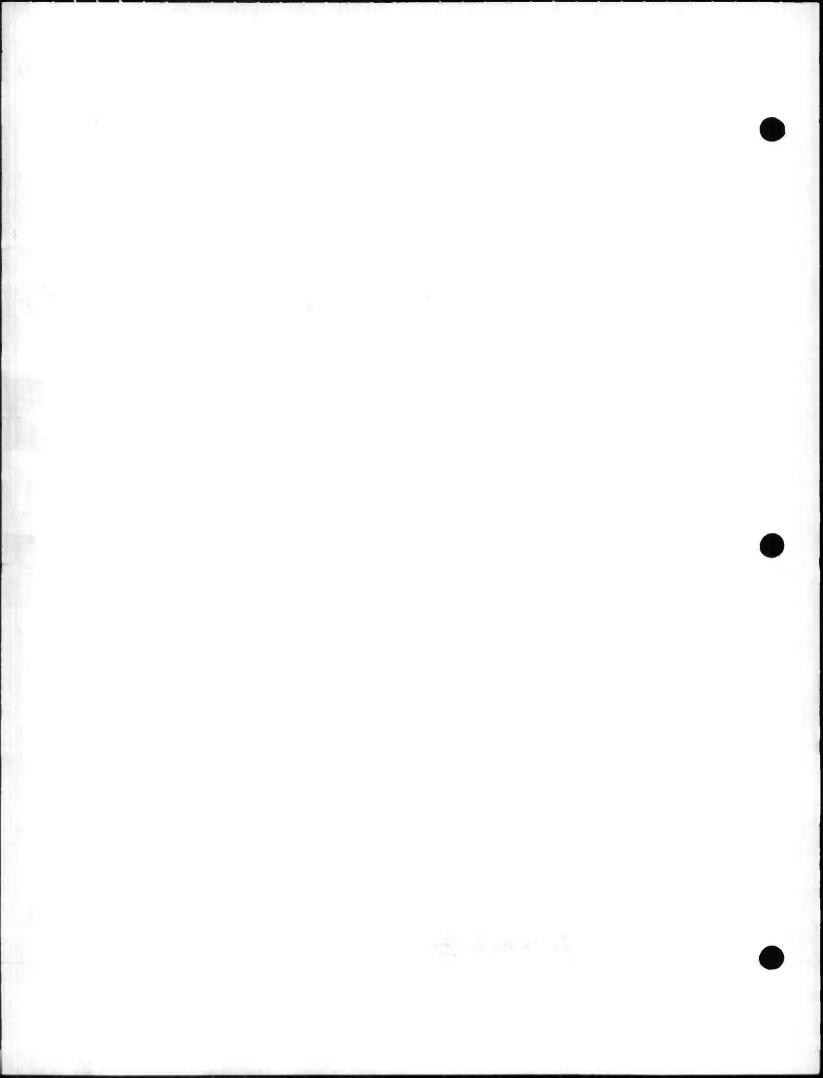
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYL	AND / DEPARTMENT		MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	MENT OF H	EALTH AND	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3	. TIME OF DEATH
	Marie	V. Andrew				October	25. 19	YEAR Q2	M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y	"	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign
	212-01-6880	1 M 2 XF 95	YRS.	NTHS DAYS	HOURS MIN.	Sept. 19.	1897	Md.	
~	98. FACILITY NAME (If not institution, give street and number) Perrimg Parkway Meridian 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore 9c. COUNTY OF DEATH Baltimore								
DIRECTOR	Perrimg Parkway Meridian Baltimore Baltimore								
EC	10e. STATE 10b. COUNTY	STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							Dd. INSIDE CITY
DIA	Md.	Baltimore	1272	Balti	more				LIMITS?
	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZI		AT COUNTRY?
ER	2415 Lakewood Road 21234						USA		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO				WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE - Am			- American Indian, White, etc.	
ВУ Г	1 Never Married 2 Married IF YES, GIVE WAR OR DATES X				2/14/NO Spec	enn, Puerto Rican, etc.) #y:		WHITE	
	15. DECEDENT'S EDUC	A TION							
TE	(Specify only highest grade	completed)	e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo	ON st of working	16b. KIND OF E	IUSINESS/INDU	ISTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		-					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		HOIII	emaker	18 MOTHER'S N	AME (First, Middle, Maid	on Company		
	Rudolph Gutmann								
) BE	RUGOIDN GUTMANN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILIND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
은	Charles O. Burns		2415 L	akewoo	d Road F	altimore.	Md. 21	1234	
	20a. METHOD OF DISPOSITION	20b. PL	ACE AND DATE OF D	ISPOSITION (NE			LOCATION - CI		, State
	1 V Buriel 2 Cremation 3 Remo	Par	y, crematory or other KWOOD	Octobe:	27, 19	192 B	altimor	ce Md	
18	21. SIGNATURE OF FUNERAL SERVICE LIC	/ /		22. NAME A	D ADDRESS OF	ACILITY			
	James &	Gladden		Leona	rd J. Ruck	Inc. 5305 H	larford 1	Road21	214
	23. PART I Enter the diseases, or c	complications that caused the	e death. Do not	enter the mo	de of dying, su	ch as cardiac or res	piratory arre	st,	Approximata
	IMMEDIATE CAUSE (Final	One couse on each		0	1.				Interval Between Onset and Death
	disease or condition resulting in death)	Conges	tive	line	lion	41 200	the		
	DUE TO/OR AS A CONSEDUENCE OF):								
S	Sequentially list conditions, b. Advanced SIFT COLD								
Ĕ	if any, leading to immediate cause, Enter UNDERLYING	DUE TO (DR AS A CO	TILL TILL	TI/	- Pa	1.010	16 1	1	1
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	NSEQUENCE OF):	1 (40 0	11	rucua.	1 Jan 2	me !	asigne
E	resulting in death) LAST	Phobak	le him	lanu b	- + Cery	luster 84	o Dra	Care	·
									Ť
ÄL	PART II. Other significant conditions		not resulting in t	he underlyin	cause given in		N AUTOPSY ORMED?		ERE AUTOPSY FINDINGS MILABLE PRIOR TO
MEDIC	Sand De	men dea	0/00	gree	20 are	1 TYES	2 1 NO		DMPLETION OF CAUSE F DEATH?
Z	(100 R DO.	androhe	and.	wea	me	.20		1	YES 2 NO
PHYSICIAN:	_ DO Benen	Aci							
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF DEATH (C	heck only one)			
IYS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpatie	nt 3 DOA 4.	Nursing Hom		8 Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Year)	286. TIME OF	WO	RK?	28d. DESCRIBE HOV	INJURY OCCU	PRED	
BY	2 Accident Investigation	28e. PLACE OF INJURY —	At home feet steed		ES 2 NO				
E I	3 Suicide 6 Could not be determined	building, etc. (Specify)	w nome, telli, silve	n, lactory, offic		28f. LOCATION (Stree City or Town, Sta	te)	r Hural Hou	te Number,
<u>H</u>	29e. CERTIFIER	CIAN: To the best of our knowledge							
COMPLET		CIAN: To the best of my knowledg R: On the basis of examination an							nd manner on eteled
	29% SIGNATURE AND TITLE OF CERTIFIER			., .,					
B	Mill Jos	Tem			29c. LICENSE NO	10GZ	29d. DATE	SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	e)	1001	670	1,	1-	146.
	Michael A. Hyle M	10 7527 Belair Ro	oad Baltim	ore, Md.	21236				
- 1	31. DATE FILED (Month, Day, Year)	AN PEGISTRIPS SPINE							
	CT 27 1992 guille	A LA LA LA LA LA LA LA LA LA LA LA LA LA							



detached for use as the burlal-transit permit. Pages 1, 2, 3 should

filled in by the funeral director, page 5 should be on, or removal.

DIRECTOR

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TO IME FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State

MEDICAL CERTIFICATION

PHYSICIAN:

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31. DATE FILED (Month, Day, Year)

the attending physician and completely fille Mental Hygiene prior to burial, cremation,

50,	within
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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ITEMS: 23 PART I,27,28a,b, d.e.,f PER MED G-693 11/18/92 reb
FOR
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 plh 2 9 8 1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR William Bowman Dean 10 1992 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HIRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign (Morth, Day, Year) 9-7-54 HOURS 1 X M 2 | F 38 YRS. Md. 213-64-5776 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 726 Roundview Road Baltimore 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Md. Balto. 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS

12. WAS DECEDENT EVER IN U.S. ARMED FORCES?

1 X YES

2 NO

10. WAS DECEDENT EVER IN U.S. ARMED FORCES?

1 X YES

2 NO

10. WAS DECEDENT EVER IN U.S. ARMED FORCES? 21225 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: Black 3 Widowed 4 Divorced 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high 12th College (1-4 or 5+) Farm Fresh year Seafood Clark 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Oscar Rowman Edith Dilver 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) Oscar Rowman 701 Roundview 20b. PLACE AND DATE OF DISPOSITION (Name of 20a. METHOD OF DISPOSITION
1 & Burlal 2 Cremation 3 Rem 20c. LOCATION - City or Town, State DATE 10-22-92 Ownings Mills Md. 4 Donation 5 Ther (Specify) Forest Vet 21. SIGNATURE HUNERAL SERVICE LIC" / BE March Funeral Home the diseases, or complications that caused the deeth. Do not enter the mode of dyling, such as cardiac or respiratory arrest, T. Enter Approximata shock, or heart failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final **Onset and Death** disease or condition COCAINE AND NARCOTIC INTOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO 1 NYES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER 17 YES 2 | NO me 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 20b. TIME OF 28c. INJURY AT WORK? 24d. DESCRIBE HOW INJURY OCCURED | Natural 5 Pending FOUND: 10/17/92 1 YES 2 NO 4:30 UNKNOWN 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 XXCould not be 4 Homicide EOUND: 726 ROUNDVIEW RD 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the vestigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) KO 10 18 C M. 1992 60. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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Baltimore.

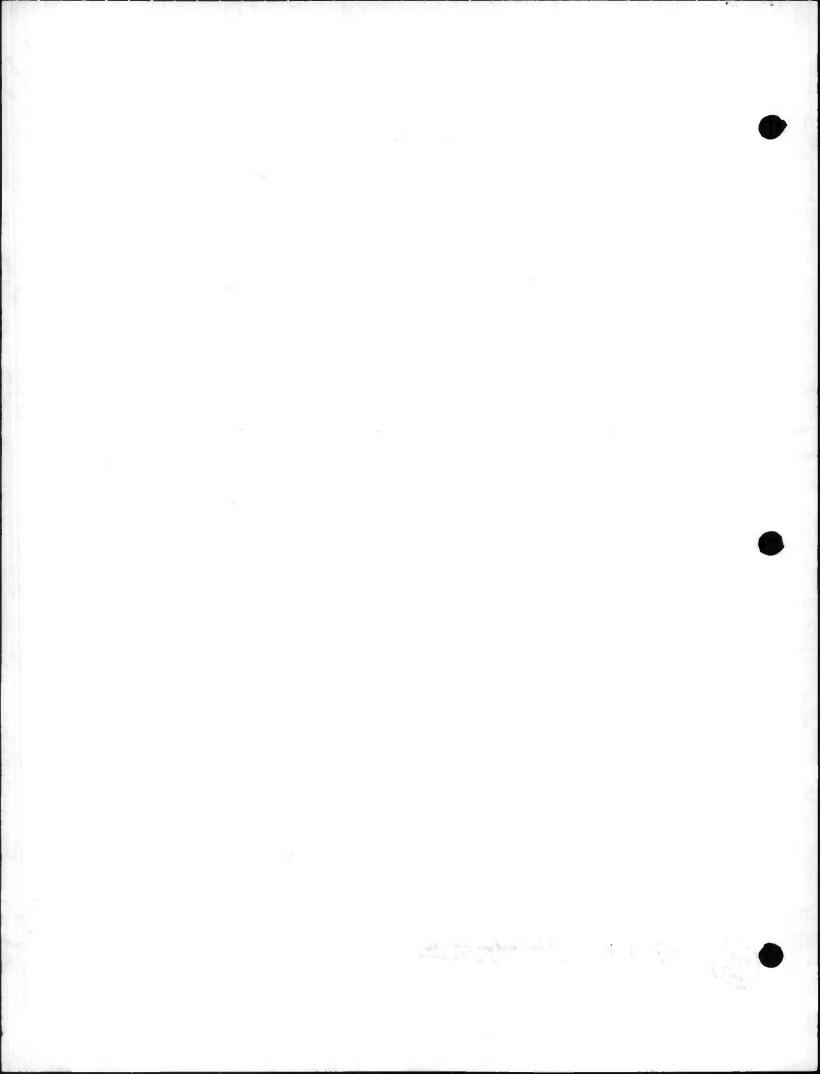
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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH ELIZABETH YEAR BELL 10 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Morth, Day, Year 4 - 8 - 22 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 M 2 XF 70 140-20-2249 So. FACILITY NAME (If not institution, give street and number)
Union Memorial Hospital director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should CITY, TOWN OR LOCATION OF DEATH Baltimore 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 401 E. 25th St. Apt. 21218 USA executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Culbun, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black. White, etc. BALTIMORE, MARYLAND 21215-0020 1 💢 Never Married 2 🗌 Married BY 3 Widowed 4 Divorced BTack COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 9th grade Unemployed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at William Smith Ora Mitchell B 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 James A. Bell 25th St. Apt. 7G/Baltimore, MD 21218 9 20a METHOD OF DISPOSITION
1/ Veurlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must cemetery, cremetory or other place) Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral ion, or removal. WM C. MARCH F.H/1101 E.NORTH AVE. medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death I completely filled irial, cremation, c **IMMEDIATE CAUSE (Final** the disease or condition CAD - MI resulting in death) traumatic event, DUE TO (DR AS A CONSEQUENCE OF): attending physician and con ental Hygiene prior to burial, 7104. DIABETES - HEUNTUS - ATTU. CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF)resulting in desth) LAST ò has been signed by the atter Dept. of Health and Mental Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? shows any 1 | YES 2 | NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) The The this certificate State HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO DR ATTENDING PHYSICIAN: ne 5 🗆 Residence 8 🗆 Other (Specify) 6 the 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, With 1 Natural 5 Pending Investiga 1 YES 2 NO After t BY 2 Accident TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deat IMPORTANT: If Item 28 Is m 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 6 Could not be 4 Homicide ET 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL THE HOSPITAL D THE FUNERAL D filed within 72 ho 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SJGNED (Month, Day, Year) BE Mario Sells P64-1 23/92 101 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARIO A. BELMAN 6429 ELRAY DRIVE ADT A. 20209 31. DATE FILED (Month, Day, Year) 00 728 75 1892 Fulia SAMEGISTRAR CAIGHTURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Merital Hygiene prior to burial, cremation, or removal accounted to a marked, as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours and lister and li

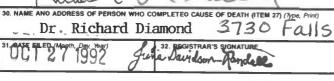
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF H	EAUH AND N	MENTAL HYGIENE	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	VEAR.	3. TIME OF DEATH
	4 0000	T	ROWN			10 23		5:54 p M
	4. SOCIAL SECURITY NUMBER 214-40-2332	5. SEX 6. AGE	(In yrs. last birthday) 5 0 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month. Day Mart) 2 - 18 - 42	Core	THPLACE (State or Foreign http) S C
	Se. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN C	OR LOCATION OF DEA		9c, COUNTY OF	
FUNERAL DIRECTOR								
E E	10a. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION						10d, INSIDE CITY LIMITS?	
	MD Baltimore							1 🖔 YES 2 🗌 NO
ERA	104. STREET AND NUMBER 1242 Peachleaf Ct. 21202						USA	WHAT COUNTRY?
S	11. MARITAL STATUS	12 WAS DECEDENT EVED I	N U.S. ARMED			IC ORIGIN? (Specify Yes		CE — American Indian
B	1 Never Married 2 Merried 3 M Widowed 4 Divorced FORCES? 1 YES 2 NO If yes, apecify Cuban 1 YES 2 NO				ecify Cuban, Mexican	, Puerto Ricen, etc.)	Bla	CE — American Indian, ck, White, etc. CCIV:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)	(Give kind of	S USUAL OCCUPATION	ON st of working	16b. KIND OF BUS		
PLE	Elementary/Secondary (0-12) 12th grade	College (1-4 or 5+)	iii. Do NOT L		n a	lohn H	nkins	Unanital
OM	17. FATHER'S NAME (First, Middle, Lest)		<u>nou</u> :	sekeepi		ME (First, Middle, Maiden S		Hospital
BE C	Ernest Stroman				Aretha		Antiente)	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street a		oute Number, City or Town	, State, Zip Code)	
F	Staffney Stron		201	9 E. Je	fferson	St./Balt		
TO BE COM	20a. METHOD OF DISPOSITION 1A Buriel 2 Cremation 3 Rem	noval from State 20t	PLACE AND DATE	of disposition (No.	me of		ATION — City or	
	4 Donation 8 Other (Specify) 21. BIGHATURE OF FUNERAL BERVICE U	CENSEE	vosnei		1 d I G d Y		ndalk,	MU
	Francis	XAS	1				01 E.NO	ORTH AVE.
NC	23. PART I. Enter the diseases, or complications that caused the death. So not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heef feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (or As A CONSEQUENCE OF): Due TO (or As A CONSEQUENCE OF): Due TO (or As A CONSEQUENCE OF): Due TO (or As A CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other algorificent condition	na contributing to death b	ut not resulting	In the underlying	ceuse given in F	Part I. 24e. WAS AN A PERFORM 1 YES 2	MED?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Chec	ck only one)		
YSI	1 TYES 2 NO	1 X Inpatient 2 - ER/Outp	etient 3 DOA	OTHER: 4 Nursing Home	o 5 ☐ Realdence 6	Other (Specify)		
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. Tile IN	JURY WOI	URY AT RK? 'ES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, office		281. LOCATION (Street an City or Town, State)	d Number or Rural	Route Number,
COMPLETED		ICIAN: To the best of my know						
Ö	2 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigation	on, in my opinion, de	eath occured at the ti	ime, date and place, and	due to the ceuse	a) and menner as stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIES Notherly S. Red	in MD			29c. LICENSE NUME	BER	P /O	D (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO				- Harley II-	spital Balti		0 21205
	31. DATE FILED (Morith, Day, Year) OCT 2.7 1992	22. RECOSTRAR'S SIGN	ATURE	- WOHN	N FILLY PRO	Spiral Buch	MINU MI	41605

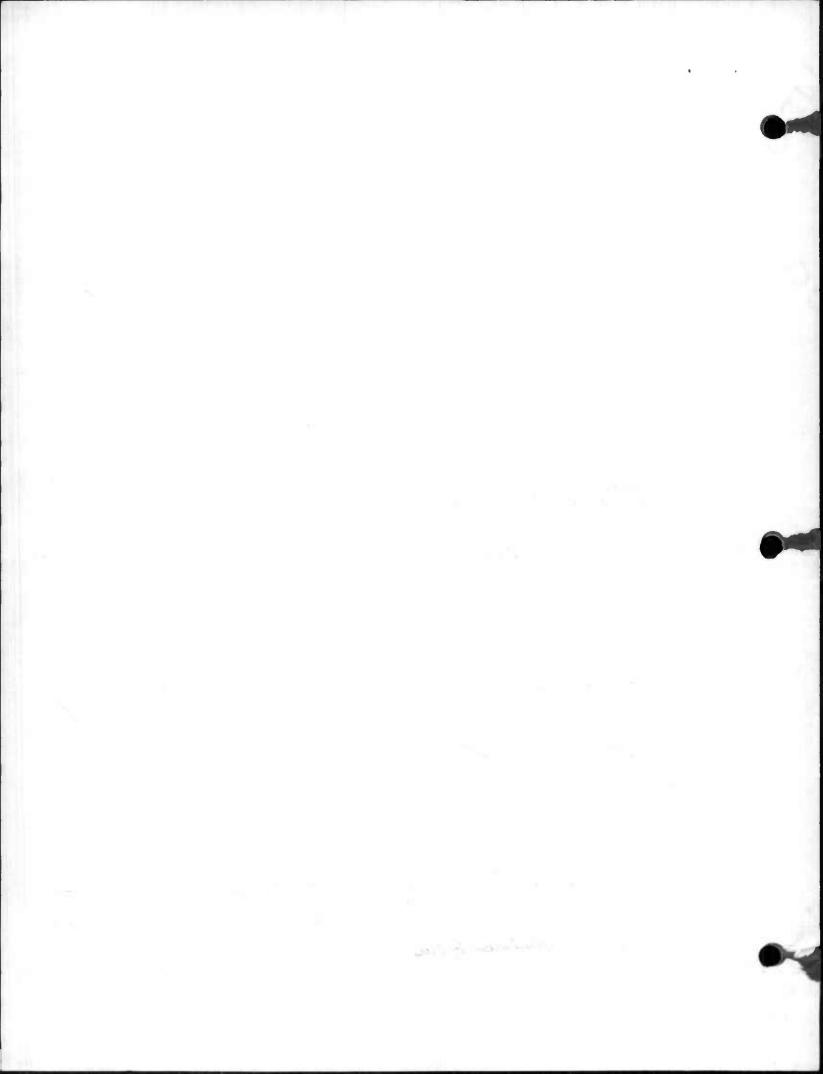
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a		_
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10 TH	E P	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF I	MARYLAND /	DEPAR	TMEN	T OF H	EALTH	AND N	MENTAL HY	GIENE	12	29	821
	TODOTEV T PDETJED I MON								2. DATE OF DE	ATH DAY		. TIME OF DEATH	
DIRECTOR	4. SOCIAL SECURITY NUMBER 217-24-7865 98. FACILITY NAME (If not institution, g	5. SEX	6. AGE (In yrs. lest birthday) F UNDER 1 YEAR MONTHS DAYS			IF UNDER	MIN.	7. DATE OF BIF (Month, Day, 4-15-	1928	a. BIRTHPLACE (State or For Country) Maryland		land	
	Union Memorial Hospital				9b. CITY, TOWN OR LOCATION OF DEATH Baltimore					9c. COUNTY OF DEATH			тн
	MD 10b. COUNTY				ty, town or location Baltin					LIMIT			M. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 820 Powers	Street			10f. ZIP CODE 21211					10g. CITIZEN OF WHA USA			AT COUNTRY?
B	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES XXX 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES XXX IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ves or No— If yes, specify Cuben, Markenn, Puerto Rican, etc.) 1 YES ACK NO Specify:						American Indian, White, etc. White		
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	No NOT us	NT'S USUAL OCCUPATION of of work done during most of working OT use retired.) Ionemaker										
BE CON	17. FATHER'S NAME (First, Middle, Last) Clarence E. Brewer						18. MOTHER'S NAME (First, Middle, Malden Surneme) Mary B. Hampshire						
10	190. INFORMANT'S NAME (TyperPrint) Shirley M. Cover 190. MAILING ADDRESS (Street end Number or Flural Route Number, City or Town, State, Zip Code) 819 W. 35th Street Baltimore, MD 21211												
	20s. METHOD OF DISPOSITION 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of complex), cregatory or other place. 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town,												
	3631 Falls Road Baltimore, MD 21211												
										Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d												
PHYSICIAN: MEDICAL C	PERFORMED? 1 YES 2 NO COMPLETION OF DEATH?								ALABLE PRIOR TO DIPPLETION OF CAUSE F DEATH? YES 2 NO				
SICIA	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 3 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)												
BY PH	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO						284. DESCRIBE HOW INJURY OCCURED						
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28t. LOCA							281. LOCATION City or Town	CATION (Street and Number or Rural Route Number, or Town, State)				
COMPLETED		HYSICIAN: To the best of e										euse(e) ar	nd manner as stated.
TO BE	29b. SIGNAFURG AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Voint) 10-22-52 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Non-Death)												

Rd. Baltimore, MD. 212



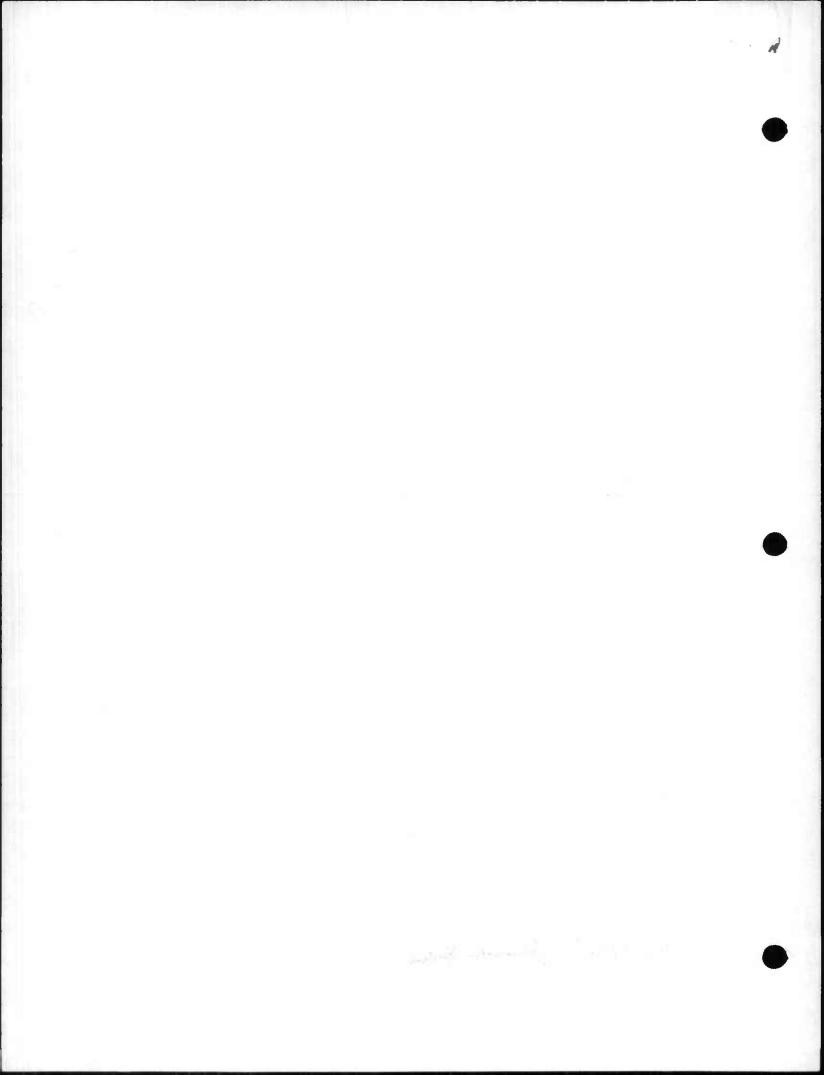


BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

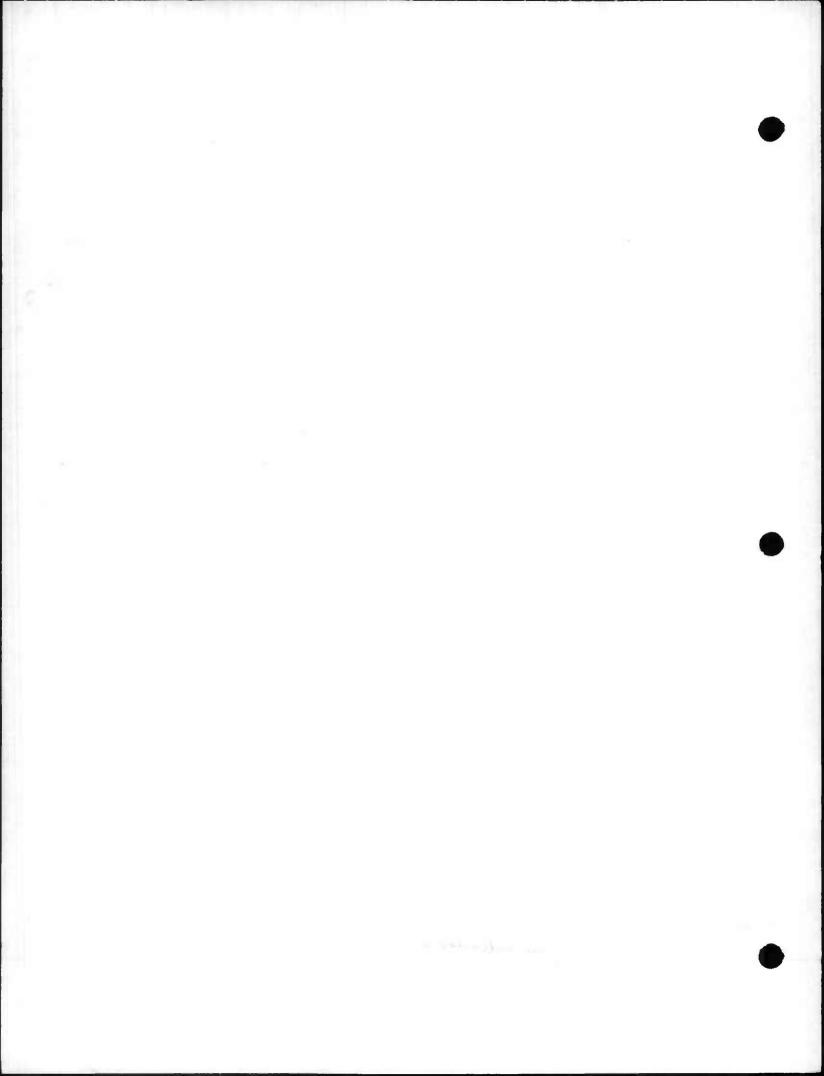
	REGISTRAR		CERTIFI	CATE O	F DEATH	REG. N	IO.			
- 8	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3.									
1	Michael	Richard		r	10 2	4 13	992 4:40 Am			
	4. SOCIAL SECURITY HUMBER		(In yrs. last birthday)	Boye F UNDER 1 YEAR		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	213-78-6942	1 X XM 2 □ F		MONTHS DAYS		(Morith, Day, Year) 11-26-6		Country) Maryland		
	9s. FACILITY HAME (If not institution, give		9b. CITY, TOWY	OR LOCATION OF DE			Y OF DEATH			
OR	I-695 @ Provid		Tows	on		Baltimore				
ည္က	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.									
DIRECTOR	Maryland -	loc. Gri	TOWN ON LOC		altimore		104. INSIDE CITY LIMITS? 1 MYES 2 NO			
4	10e. STREET AND NUMBER			IOI. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
FUNERAL	1303 Union Aven					21211		USA		
	11. MARITAL STATUS	N U.S. ARMEO	13. WAS D	DECENDENT OF HISPANIC ORIGIN? (Spe s, specify Cuban, Mexican, Puerto Rican,		Yes or No— 14	4. RACE — American Indian, Black, White, etc.			
BY	3 Widowed 4 Divorced	ATES		ES 2 XNO Specify		Specify: White				
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S L	SUAL OCCUPA	TION most of working	16b. KIND OF E	USINESS/INDUS	втяту		
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	ork done during i retired.)		n	1.0	11 1 0		
MP			La	orer				llahan Co		
8	17. FATHER'S NAME (First, Middle, Last)	hand W n				ME (First, Middle, Meid				
BE		hard M. Boye				Ly A. Ham				
5	19a. INFORMANT'S NAME (Type/Print)	T.			t and Number or Rural i					
	Mr & Mrs Richard		130	Unic	on Avenue	Baltimo	re, Mar	yland 21211		
	20s METHOD OF DISPOSITION 1-G-Burlal 2 Cremation 3 Rer 4 Donation 6 Other (Specify)	noval from State 20	b. PLACE AND DATE OF OTH COMMENT OF STREET OF	er place)	Name of			ry or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE L		Oak Lawii					imore, Maryland		
	1 Justino	Henso Car	sentin	3631	Falls Ro	oad Balt:	menss imore,	FUNERAL HOME Maryland 21211		
-	23. PART i. Enter the diseases, or	complications that cause	d the death. Do no				-			
	23. PART I. Enter the disperse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line.									
	IMMEDIATE CAUSE (Final disease or condition									
	DUE TO (OR AS A COMBREQUENCE OF)									
_	DUE TO (ON AS A CONSEQUENCE OF)									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):									
2	CAUSE (Disease or injury									
造	DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
1 1 1 1	d									
	PART ii. Other significant conditio	ns contributing to death i	out not resulting in	the underlyi	ng cause given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
EDICAL						PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						1 PYES	2 NO	OF DEATH?		
Σ						— i		1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T								
S	EXAMINER?	HOSPITAL:		OTHER.	PLACE OF DEATH (Ch		2 - 1			
.¥	1 XYES 2 HO 27. MANNER OF DEATH	1 Inputient 2 ER/Out	patient 3 DOA 28b. TIME		ome 5 - Residence					
	1 Netural 5 Pending	(Month, Day, Year)	ULMI	RY V	VORK?	28d. DESCRIBE HOV				
B	2 Accident Investigation	10 24 19 280. PLACE OF INJUR		JA	YES 2 NO			to accident		
0	3 Suicide 8 Could not be 4 Homicide datermined	building, arc. (Spi	cwy)	reet, factory, of	ice	28f. LOCATION (Stree City or Town, Sta	et and Number or ite)	Rural Route Number,		
H.	00- 000THTED		state					idence Road		
COMPLET		SICIAN: To the best of my know								
5	2 MEOICAL EXAMIN	ER: On the beels of examination	on and/or investigation	, in my opinion,	death occured at the	time, data and place,	and due to the	cause(a) and manner ee stated.		
BE C	296. BIGMATURE AND TITLE OF CERTIFIE	1 100	/		29c, LICENSE NUI	RER	29d. DATE S	BIGNED (Month, Day, Year)		
	Alm	2 /2 Clu	iti us		O.C.M.	ਸ	▶ 10	24 1992		
유	30. NAME AND ADDRESS OF PERSON W	HO CON LETED CAUSE OF DE	EATH (ITEM 27) (Type, I	Print)	- Va (.a. 'l.a.	11.4	1 11/	7.t. 1777		
		P	111 Pen	n Str	eet, Bal	timore	Mary	land 21201		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATTIOC				y J	CICOI		
	OCT 27 1992	Julia Davidson	70.00							



9	BXBC
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.O. BC	certificate
o,	death
Ö	4
E C	that
REC	requires
_	WE
	The state of
DIVISION OF VIT A RECORDS, P.O. BOX 6	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec
VISION	ATTENDING
5	R

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT DF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	, D 5Ve	yrs. lest birthday) SF UNDER 1 YEAR YRS. MONTHS DAYS	HOURS MIN.	Oct. 21,1 P. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)					
	212-36-8901 1 M 2 LOF 8 9a. FACILITY NAME (If not institution, give street end number)	34	OR LOCATION OF DEAT	May20,190	8 Maryland COUNTY OF DEATH					
0 R	2504 Greenspring Court	J c	ppa		Harford					
DIRECTOR	100. STATE 100. COUNTY Md. Harford	10c. CITY, TOWN OR LOC	рра	-	10d, INSIDE CITY LIMITS? 1 YES 2 THO					
IERAL	100. STREET AND NUMBER 2504 Greenspring Court 21085 USA									
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced 12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 No If yes,	ECENDENT OF NISPANIC specify Cuben, Mexican, ES 2 NO Specify:	ORIGIN? (Specify Yes or N Puerto Rican, etc.)	7 (Specify Yes or No- 14. RACE — American Indian, Black, White, etc. Specify: White					
once.	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8th College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPA (Give kind of work done during i life. Do NOT use retired.) Bar Owne	most of working	16b. KINO OF BUSINES						
1	17. FATHER'S NAME (First, Middle, Last) John Henry Bohlen			imenia L	utz					
TO BE	19a NFORMANT'S NAME (TypePrint) Marian Bauer		springCo	urt Joppa	Md.21085					
Must	20b. METHOD OF DISPOSITION 1 Dauriel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	PLACE AND DATE OF DISPOSITION (Place), crematory or other place) Ton Cemeter y	10/23/	92 BA	ON - City or Town, State 1 timore Md.					
l examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home 300 MAce Ave. 2122									
other traumatic event, the medical	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):			Interval Between Onset and De					
5 E	resulting in death) LAST									
25	PART ii. Other significant conditions contributing to death but	t not requising in the underby	me course share in D.							
shows ony inju	PART II. Other significant conditions contributing to death but	It not resulting in the underly	ing cause given in Pa	PERFORMED 1 YES 2 NA	AMILABLE PRIOR TO					
shows ony inju	25. WAS CASE REFERRED TO MEDICAL	26.	Ing cause given in Pr	PERFORMED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
or Item 23 shows eny inju TYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26. ottlent 3 DOA 4 Nursing Ho	PLACE OF DEATH (Check	PERFORMED' 1 YES 2 A	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATHY 1 YES 2 NO					
or Item 23 shows eny inju TYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26. Itlent 3 DOA OTHER: 4 Nursing Hc 28b. TIME OF NURSY 28c. II	PLACE OF DEATH (Check	PERFORMED' 1 YES 2 N	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO					
28 is marked, or item 23 shows eny inju TED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpet 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation	26. Itlent 3 DOA OTHER: 28b. TIME OF INJURY M 1 — At home, farm, street, factory, of	PLACE OF DEATH (Check ome 5 PResidence 8 NJURY AT VORK? 1 YES 2 NO	Only one) Other (Specify) Bd. DESCRIBE NOW INJUR	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATHY 1 YES 2 NO					
If Item 28 is marked, or Item 23 shows eny inju MPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Output 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be	26. Itlent 3 DOA 4 Nursing He 28b. TIME OF INJURY M 1	PLACE OF DEATH (Check ome 5 PResidence 8 NJURY AT VORK? YES 2 NO lice 2	PERFORMED 1 YES 2 N Other (Specify) 8d. DESCRIBE NOW INJUR 8t. LOCATION (Street end M. City or Town, State)	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO Y OCCURED with the state of the					
Item 28 is marked, or Item 23 shows eny inju PLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Impatient 2 ER/Outpet 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowled.)	26. Itlent 3 DOA 4 Nursing He 28b. TIME OF INJURY M 1 CARPET COMPANY M 1 CARPET COMPANY MATERIAL COMPANY MAT	PLACE OF DEATH (Check ome 5 PResidence 8 NJURY AT VORK? YES 2 NO lice 2	PERFORMED 1 YES 2 N only one) Other (Specify) 8d. DESCRIBE NOW INJUR 8t. LOCATION (Street end M. City or Town, State) fithe cause(e) and manner as ne, dete and place, and due	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATHY 1 YES 2 NO Y OCCURED with the state of the					



DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

AL OR ATTENDING PHYSICIAN: The law req

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ng physician.	M. PHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf nermin		
r arrende	use as		
mi 24 invits eiter udami, rage o may be retained by the nospital of an	ached for		
y one	e det		to to
d Dalling	should b		Illiam 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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1 - STATE STATE OF MARYLAND / DEPARTMENT OF H CERTIFICATE OF							OF HEALTH AND MENTAL HYGIENE OF DEATH REG. NO.							
	DECEDENT'S NAME (First, Middle, Last)	ALICE M. BUCH						2. DAT	TE OF DEATH1		192 92	3. TIME OF D	EATH	
	4. SOCIAL SECURITY NUMBER 216-03-8419	5. SEX 1 M 2 XX	6. AGE (In y)	s. lest birthday) YRS.	IF UNDER	-	IF UNDER 24 HRS. HOURS MIN,	7. DAT	7. DATE OF BIRTH 8. B (Month, Day, Year) C			HPLACE (State of	or Foreign	
TOR	9a. FACILITY NAME (if not institution, give street and number) CHARLESTOWN RETIREMENT CENTER RESIDENCE OF DECEDENT				9b. CITY,		DNSVILLI	EATH						
DIRECTOR	10s. STATE 10b. COUNTY MARYLAND BALTIMORE				10c. CITY, TOWN OR LOCATION CATONSVILLE								YTK NO	
FUNERAL	709 MAIDEN CHOICE LANE # 101				101. ZIP CODE 21228					10g. CITIZEN OF WHAT COUNTY			77	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES XX IF YES, GIVE WAR OR DATES			NO	PMED 12 WAS DECEMBENT OF HIGHWAY OF					ORIGIN? (Specify Yea or No- 14, RACE			ndlen,	
COMPLETED	(Specify only highest grade completed)			Give kind of a	work done di se retired.)	CUPATION furing most	of working	16	16b, KIND OF BUSINESS/INDUSTRY			WHITE		
OMP	17. FATHER'S NAME (First, Middle, Last)				EPER		18. MOTHER'S NA	ME (First	TRUCK		OMPA	NY		
BE C	WILLIAM HEALEY						MARGARI	ET I	HARRIS	ON				
5							ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
	209, METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of DATE 20C, LOCATION — City or Town States													
	22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228										OMES			
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s	n g	daath. Do riline.	not anter t	tha mode	of dying, suc	h se ce	rdiac or respi	ratory an	rest,	Approx		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
MEDICAL CE	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PERFORM 1 VES 21							MED?	D? AMAILABLE PRICOMPLETION DO OF DEATH?		OR TO OF CAUSE			
AN: N	05 1990 0.05											1 TES 2	PNO	
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specific)													
BY PHYSICIAN:	27. MANNER OF DEATH 2 RNJURY 28b. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO													
	3 Suicide a Could not be determined 28a. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)								oute Number,					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(s) and manner se stated. MEDICAL EXAMINER: On the basic of sxamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner se stated.										stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED	1/2	40				PC. LICENSE NUM		-7			(Month, Day, Ye.	,	
	30. MAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE 1504 32. REGISTRAF	MM	TEM 27) (Type,	Print)	mo	179	, C	Lorke	Lan	е .	2122	P	
- 11	The state of the s	P . NEGISTRAP	. J SIGNALUH	E.										



The formal day

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S.

31. DATE FILED (Month)

7 1992

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	D- Mar	ion K. B	ATE OF DEATH	REG. NO		3. TIME OF DEATH	
	MARJON	BELAIR			MONTH D		905 p	
	4. SOCIAL SECURITY NUMBER	1 C	MO	UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.	(Month, Day, Year)	Co	RTHPLACE (State or Foreign untry)	
	94. FACILITY NAME (If not institution, give st		/9	CITY, TOWN OR LOCATION OF	104-18-1	3 Mi	chigan	
8					DEATH			
DIRECTOR	Anne Arundel			Annapolis		Anne	Arundel	
ä	MD Anne	Arundel		OWN OR LOCATION esville			10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	munder	Gai	101, ZIP CODE		I so company o	1 YES 2 NO	
FUNERAL	1055 Benning	beog		20765		USA	F WHAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HISH	PANIC ORIGIN? (Specify Yes		ACE — American Indian,	
BYF	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, specify Cuban, Mex 1 ☐ YES 2 X NO Spe	ican, Puerto Rican, etc.)	В	leck, White, etc.	
							White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	JAL OCCUPATION done during most of working tired.)	16b. KIND OF BUS	SINESS/INDUSTR	,	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housewi		House	hold		
5	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Maiden	Sumame)		
u I	John W. Kiley			Gertr	ude Smith			
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rur	al Route Number, City or Tow	n, State, Zip Code)		
٠ ا	Joseph F. Bela	air	1055	Benning Roa	d, Galesv	ille,	MD 20765	
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remo 4 Donation 8 Other (Specify)	val from Stata 20b.	PLACE AND DATE OF D etery, crematory or other		DATE 20c, LO	CATION — City or	Town, State	
	4 ☐ Donation 8 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		ur Lady	of Sorrows	10/29 OWE	nsvill	e, MD	
		4) 02		Hardesty F				
_	23. PART . Enter the diseases, or c	Harrelli	1					
	shock, or heart failure.	omplications that caused list only one cause on ea	ifthe death. Do not a sch line.	enter the mode of dying, s	uch aa cardiac or reapi	ratory arrest,	Approximata interval Between	
	IMMEDIATE CAUSE (Final disease or condition	0-300	1-20	F0 = 11/10			Onset and Dea	
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF:	FAILURI	3			
		1 alast.	CANCO					
ENTINEMION	if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
	CAUSE (Disease or Injury	POST-	BSTUUT	NE PNOUM	ONIA			
	that initiated events resulting in death) LAST	COPD	CONSEQUENCE OF):					
נו כ								
. 10	PART II. Other algnificant conditions	contributing to death be	ut not resulting in th	he underlying cause given	In Part I. 24s. WAS AN		4b. WERE AUTOPSY FINDING	
					1 TYES 2		COMPLETION OF CAUSE OF DEATH?	
							t 🗆 YES 2 🗆 NO	
	25. WAS CASE REFERRED TO MEDICAL							
THISICIAN. MEDICAL	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (
	27. MANNER OF DEATH	1 Impatient 2 ER/Outp		Nursing Home 5 Residenc		A IIIBA OCCUBED		
-	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK? M 1 YES 2 NO	- Segumbe now II	OCCURED		
	3 Suicide a Could not be determined	28a. PLACE OF INJURY building, etc. (Speci	— At home, farm, stree	t, factory, office	281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,	
COMPLETED BY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide a Could not be determined 28a. DATE OF INJURY 28b. TIME OF INJURY M 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28a. PLACE OF INJURY — At home, farm, atreet, factory, office 28a. DATE OF INJURY — At home, farm, atreet, factory, office 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED							
		CIAN: To the best of my knowle						
	(Check only			the time, data and place, and d my opinion, death occured at ti	he time, data and place, an	d due to the caus	e(a) and manner as stated ED (Month, Day, Year)	

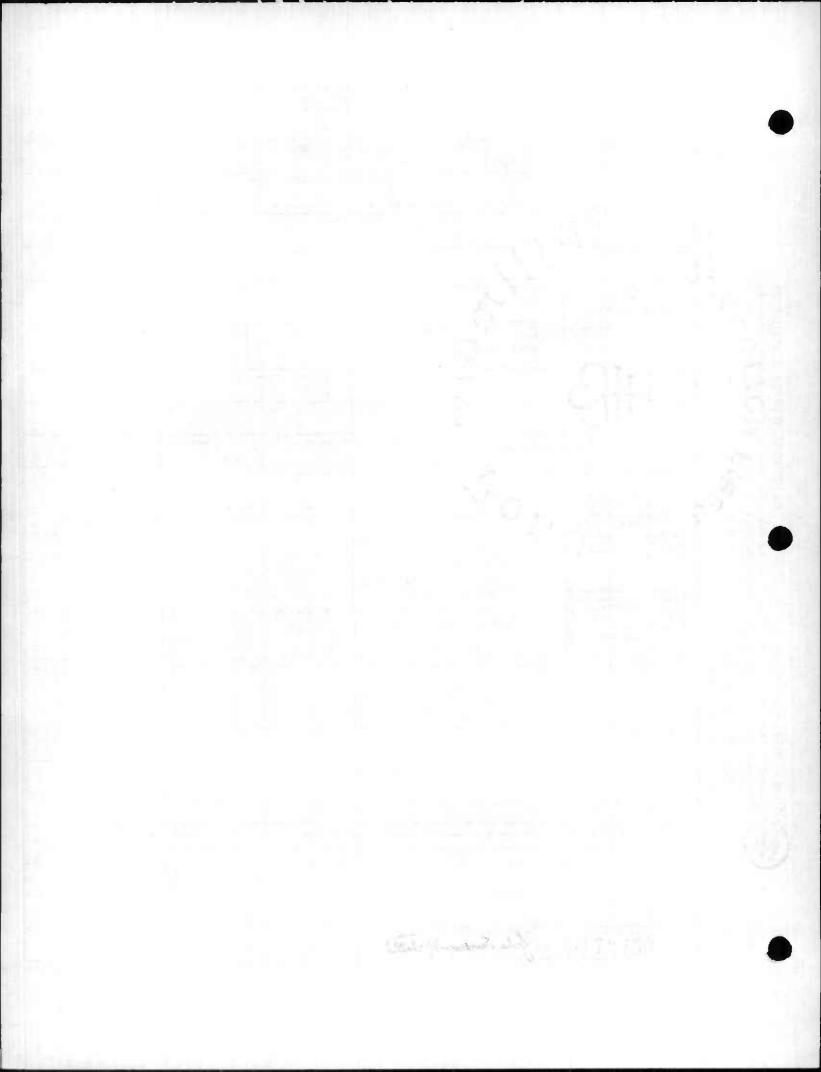
PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

205

32. DEGISTRAS'S SIGNATURE
Finia Davidson-Randall

DHMH-18 Rev 1/89

ANNAPOUS,

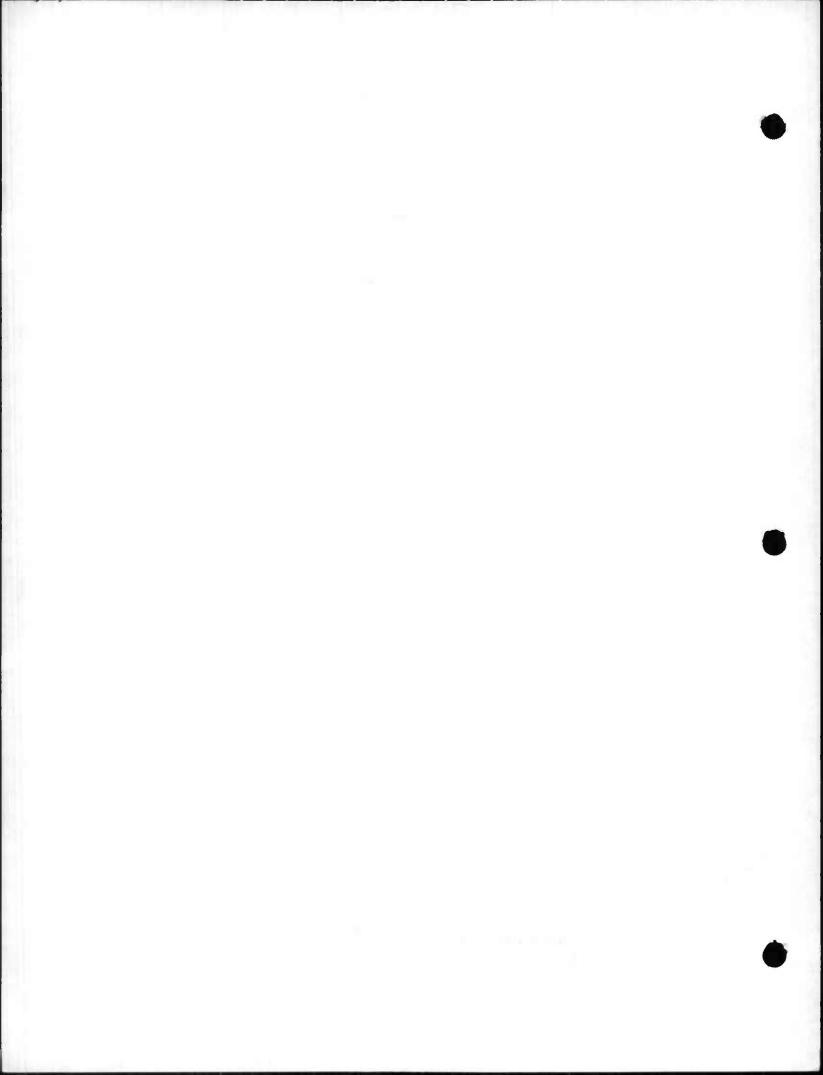


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MARYLAND 21215-0020	urithin 24 Marie after danch Barn & man he adding he she handled as seen at
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DIVISION OF VITAL RECORDS, P.	DR ATTENDING PHYSICIAN: The
VISION	ALTENDING
	B

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		CE	ERTIFICATE	0	F DEAT	ГН		REG.	NO.

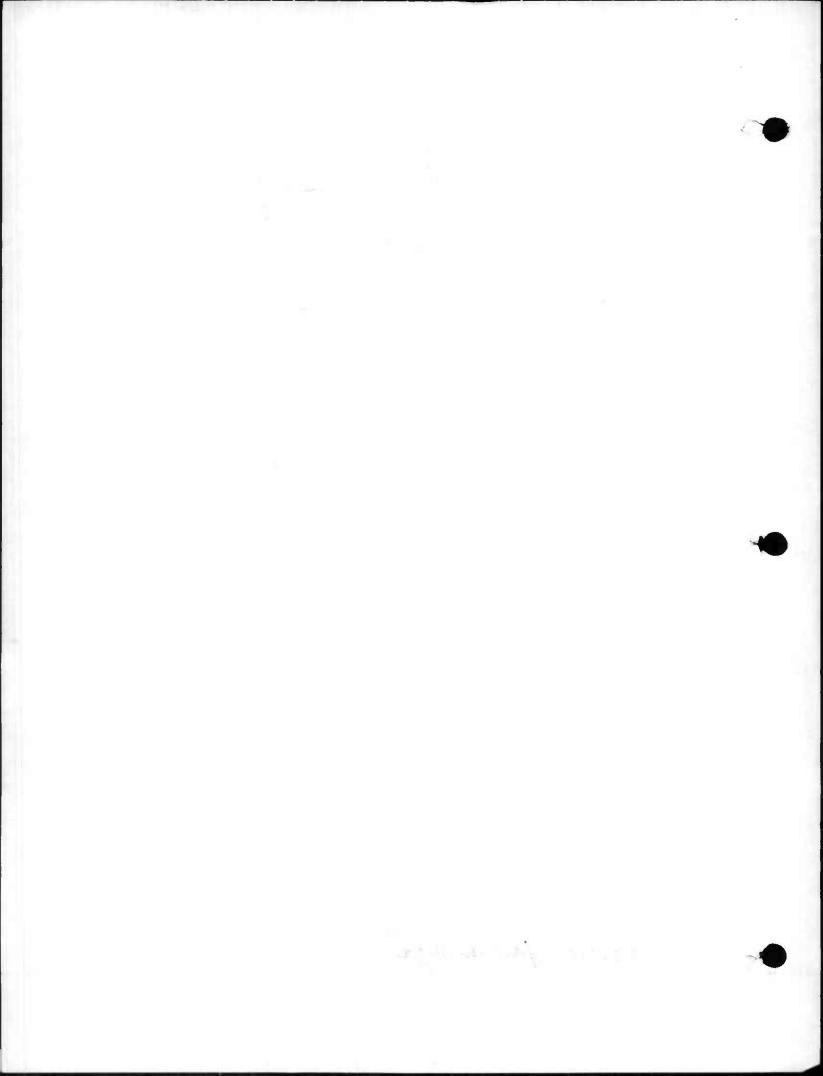
1	1. DECEDENT'S NAME (First, Middle, La	est)				DEATH	2. DATE	REG. NO.	V VEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	NEVA	L.		ORING		OCTO	BER 23	, 1992	2:00 A.
	217-14-2666 9a. FACILITY NAME (If not institution, gi	5. SEX 1 M 2 X F	6. AGE (In yrs. las	YRS.	NTHS DAYS	F UNDER 24 HRS. HOURS MIN.	NOV.	OF BIRTH th, Day, Year) 18,19	06 1	RTHPLACE (State or Foreign unity) LLLINOIS
TOR	3 RAMBLING OAKS		SVILLE	EATH		BALT	IMORE			
DIRECTOR	MARYLAND E				NSVILL	E				16d, INSIDE CITY LIMITS? 1 YES 2XX NO
FUNERAL	100. STREET AND NUMBER 3 RAMBLING OAKS	S WAY # 3A	1			21228				S.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 XXVidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 XX	MED (O	If yes, sp	ecity Cuban, Mexico	en, Puerto		В	ACE — American Indian, lack, White, etc. pecify: WHITE
PLETED	15. DECEDENT'S 6 (Specify only highest gr Elementary/Secondary (0-12) 1.2	EDUCATION rade completed) College (1-4 or 5 +	·) (Gi	CEDENT'S USU five kind of work Do NOT use re		ON st of working	166		HOME	Y
BE COMP	17. FATHER'S NAME (First, Middle, Last) BERT PICKETT		1100	JOBNII I		18. MOTHER'S NA ELLA	AME (First,			
TO B	196. INFORMANT'S NAME (Type/Print) GREGORY A. BOR		SON) 61	17 LYNN	WAY,	SYKESVIL	LE, MA	ARYLAND	21784	4
	20e METHOD OF DISPOSITION 1 Durisl 2 Cremation 3 R 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE					IAL PARK			DORSEY,	, MARYLAND
	- Syndemu	the fair	ki		LEROY	M. & RU	SSEL			UNERAL HOMES
	shock, or heart fallu	or complications that ire. List only one cau	t caused the de se on each line	eth. Do not	11630 enter the mo	EDMONDSO	N AV	ENUE, CA	ATONSVI	Approximate Interval Between
RTIFICATION	shock, or heart fallu	a. A C U OUE TO DUE TO C.	te Myo (OR AS A CONSEC	cardi DUENCE OF: Clero	al In:	EDMONDSO	n as cen	diac or respi	ratory arreat,	Approximate interval Betwee Onset and Dea
MEDICAL CERTIFICATION	Shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions	a. Ar DUE TO c. DUE TO d.	terios ((OR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSEC	cardi DUENCE OF): Clero DUENCE OF):	al In:	Earctio	n SCU	diac or respi	LS ease AUTOPSY MED?	Approximate interval Betwee Onset and Dea Immedi
MEDICAL CERTIFICATION	Shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condit Diabe 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. Ar DUE TO c. DUE TO d. TOSPITAL:	terios (OR AS A CONSECTOR AS A CONSE	Cardinouthocorp: Cleron Duence orp: Duence orp: Duence orp:	enter the mo	Earctio ardiova	Part i.	lar Di	LS ease AUTOPSY MED?	Interval Betwee Onset and Dear Immedia Unknow Unknow 24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in the conditions of the conditions of the cause.	a. Actioner one cau a. Action over to the total one cau b. Ar DUE TO c. DUE TO d. tions contributing to the series Mell.	EC MYO (OR AS A CONSECTION OF AS	Cardinouthocorp: Cleron Duence orp: Duence orp: Duence orp:	tic Ca the underlying 26. PI THER: Nursing Hom	Earctio ardiova g cause given in	Part I.	24a. WAS AN. PERFOR 1 YES 2	LS ease AUTOPSY MED?	Approximate Interval Betwee Onset and Deat Immedia Immedia Unknow 24b. Were Autopsy Finding AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFICATION	Shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condit Diabe 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YEX X Y NO 27. MANNER OF DEATH	a. ACU OUE TO b. AT DUE TO d. DUE TO d. HOSPITAL: 1 Inpetent: 28a DATE OF (Month, D) on be 26a PLACE O be building.	EC MYO (OR AS A CONSECTION OF AS	DUENCE OF): Clero: Clero: Cuence of): Cu	tic. Cathe underlying 26. Pl THER: Nursing Hom Nursing Hom M 1	Earctio ardiova Grause given in ACE OF DEATH (C) PORT AT (ES 2 ND	Part I.	24a. WAS AN. PERFOR 1 YES 2 re) or (Specify) SCRIBE HOW IN	LSEASE AUTOPSY MED?	Approximate Interval Betwee Onset and Deat Immedia Immedia Unknow 24b. Were autopsy finding Amalable Prior to Completion of Cause Of Death? 1 Yes 2 No
ED BY PHYSICIAN: MEDICAL CERTIFICATION	Shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condit Diabe 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YEX X WD 27. MANNER OF DEATH 1 Natural 5 Pending Investigative 29a. CERTIFIER (Check only) 1 CERTIFYIND Processory 1 CERTIFY Processory 1 CERTIFY	a. ACU OUE TO b. AT DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) on 26a. PLACE O building, d	terios (OR AS A CONSECTOR AS A CONSE	DUENCE OF): Clerof: Clerof: Cuence OF): Cu	tic C: tic C: the underlying 26. Pi THER: Nursing Hom F 28c. (NV M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Gentle of dying, such that the second of the	Part I. Part I. 6 Other 284. Des	24a. WAS AN. PERFOR 1 YES 2 ATION (Street a or Town, State)	AUTOPSY MED? XNO AUTOPSY MED? AUTOPSY MED?	Approximate Interval Betwee Onset and Deat Immedia Immedia Unknow 24b. Were autopsy finding Amalable Prior to Completion of Cause Of Death? 1 Yes 2 No
TED BY PHYSICIAN: MEDICAL CERTIFICATION	Shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condit Diabe 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YEX X WD 27. MANNER OF DEATH 1 Natural 5 Pending Investigative 29a. CERTIFIER (Check only) 1 CERTIFYIND Processory 1 CERTIFY Processory 1 CERTIFY	a. ACLI OUE TO b. AT DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D. on be diding, distributions of an	COR AS A CONSECTION OF THE PROPERTY OF THE PRO	DUENCE OF): Clero Clero Cuence OF): Cuence	t i.c. Can be underlying to th	Gentle of dying, such that the second of the	Part I. Part I. 9 C U 9 C U 10	24a. WAS AN. PERFOR 1 YES 2 ATION (Street a or Town, State)	AUTOPSY MED? (XNO) AUTOPSY MED? (XNO) AUTOPSY MED? (A) (A) (A) (A) (A) (A) (A) (A	Approximate Interval Betwee Onset and Deat Interval Betwee Onset and Deat Interval Betwee Onset and Interval Betwee Onset and Interval Int



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	1. DECEDENT'S NAME (First, Middle, Last,	Boyles				2. DATE		NY 4 2	3. TIME OF DEATH
-	4. SOCIAL SECURITY NUMBER 2. 16-095529 9a. FACRLITY NAME (If not institution, give	S. SEX 8. AGE (In yrs. le	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE (Mon	OF BIFTTH	07	BIRTHPLACE (State or Foreign Country)
DIRECTOR	14/9 N. C.	ENTRAL AV	14	BA	LTO.	N/	10	9c. COUNTY	Y OF DEATH
	10a. STATE 10b. COUNT 10b. COUNT 10c. STREET AND NUMBER	TY		3 ALT	MORE				10d. INSIDE CITY LIMITS? 15 YES 2 NO
FUNERAL	1419 N. C	TENTRAL AV	F.	é	1. ZIP CODE 21202			4.5	
BY	1 Never Married 24 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2		If yes, sp	CENDENT OF HISPA Decity Cuben, Mexic S 2 (1940) Speci	an, Puerto		1 or No- 14	I. RACE—American Indian, Black, White, etc. Specify: BLACK
PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	(College (1-4 or 5+)	Give kind of w e. Do NOT use	USUAL OCCUPATION done during me retired.)	ost of working	161	b. KIND OF BUS	SINESS/INDUS	STRY
E COMPL	17. FATHER'S NAME (First, Middle, Last)	ANderson			18. MOTHER'S NA MAR			Surname) 2	
TO B	190. INFORMANT'S NAME (Type/Print)	Boyles "	MAILING	ADDRESS (Street	and Number or Rural	,	nber, City or Your PVF B		ode) . m. d. 2120
	20a. METHOD OF DISPOSITION 1	cemetery, cr	AND DATE O	no M	Am PK	DAT	29 On	Autro	y or Town, Stata
	Souph &	. Locks of		Lack	2 Film	les	Hone 1	1804	n. Centra
1	shock or heart fallure	complications that caused the d	eath. Do n	ot enter the mo					t, Approximate
CATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR AS A CONSE	e. bstru equence of	ctive p	ode of dying, suc	ch as car	diac or reapi		Approximate Interval Betwoonset and D
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a	e. bstru equence of	otive p	ode of dying, suc	ch as car	diac or reapi		t, Approximate Interval Betw Onset and D
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CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE C. DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE d.	Bethouse of cour	office p	g ceuse given in	Part I.	24a, WAS AN PERFOR	AUTOPSY	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAUS
CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions or cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or cause. Examples of the cause of the cau	a. DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE C. DUE TO (OR AS A CONSE d. HOSPITAL:	e. betha	26. PI	g ceuse given in	Part I.	24a, WAS AN PERFOR	AUTOPSY MMED?	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF GEATH? 1 YES 2 19 NO
CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) PART II. Other significant conditions are under the significant conditions. The significant conditions are under the significant conditions. The significant conditions are under the significant conditions. The significant conditions are under the significant conditions. The significant conditions are under the significant conditions. The significant conditions are under the significant conditions. The significant conditions are under the significant conditions. The significant conditions are under the significant conditions. The significant conditions are under the significant conditions. The significant conditions are under the significant conditions. The significant conditions are under the significant conditions. The significant conditions are under the significant conditions. The significant conditions are under the significant conditions. The significant conditions are under the significant conditions are under the significant conditions. The significant conditions are under the significant conditions are under the significant conditions. The significant conditions are under the significant conditions are under the significant conditions are under the significant conditions are under the significant conditions are under the significant conditions. The significant conditions are under the significant conditions are under the significant conditions are under the significant conditions are under the significant conditions are under the significant conditions are under the significant conditions are under the significant conditions are under the significant conditions are under the significant conditions are under the significant conditions are under the significant conditions are under the significant conditions are under the significant conditions are under the significant conditions are under the significant conditions are under the significant conditions are	a. DUE TO (OR AS A CONSE	BETTU	26. PI	g ceuse given in LACE OF DEATH (C) TO Residence URY AT THEY T	Part I. B Other 286. DE	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF GEATH? 1 YES 2 W NO
CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions are suiting in death) LAST PART II. Other significant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation are suiting investiga	B. DUE TO (OR AS A CONSE DUE TO (OR AS A CON	e. bethe content of the content of the content occurred.	26. Pl OTHER: 4 Nursing Hon E OF 28c. IN, WC I I Itreet, factory, officed at the time, data	g cause given in LACE OF DEATH (Cr ne 5 PResidence JURY AT NYES 2 NO	Part I. B Other 28f. LOC City	24a. WAS AN PERFOR 1 YES 2 ATION (Street a or Town, State)	AUTOPSY MED? NUMBER OCCUPANT	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF GEATH? 1 YES 2 M NO
D BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions. The perfect of the perfec	B. DUE TO (OR AS A CONSE DUE TO (OR AS A CON	e. bethau course of	26. PI OTHER: OF USE OF	g cause given in LACE OF DEATH (Cr ne 5 PResidence JURY AT NYES 2 NO	Part I. B Other B Other B Other B to the case time, date MMBER	24a. WAS AN PERFOR 1 YES 2 ATION (Street a or Town, State)	AUTOPSY MED? In No NJURY OCCUP and Number or oner as stated, ad due to the c	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF GEATH? 1 VES 2 M NO RED





BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	uon, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IN THE MESHIM. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	THE CONTROL OF STREET THIS Certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the state bept, of hearth and mental hyghere phor to buhar, cremation, of removal,	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE STATE REGISTRAR	OF MARYLAND / D	EPARTMENT RTIFICATE	OF HEALTH	AND MENTAL I	HYGIENE BEG. NO.	92 29028	
	1. DECEDENT'S NAME (First, Middle, Last) Nami M C	hambers			2. DATE OF MONTH	DEATH DAY	YEAR 0223 M	
	4. SOCIAL SECURITY NUMBER 5. SEX $214-24-3616$ 1 \square M $\stackrel{?}{=}$	6. AGE (In yrs. lest bi	YRS. IF UNDER	DAYS HOURS	MIN. (Month, D	BIRTH	8. BIRTHPLACE (State or Foreign Country) Hd	
TOR	Baltimore County RESIDENCE OF DECEDENT	General	96. CITY,	rown or Location	TOWN	9c. COUN	ITY OF DEATH	
DIRECTOR	10a, STATE 10b, COUNTY	3	10c. CITY, TOWN OF	HOCATION (H)			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	3412 Washingto	n		101. ZIP CODE	207	10g. CITI	ZEN OF WHAT COUNTRY?	
ВУ	1 Never Married 2 Married FORC	DECEDENT EVER IN U.S. ARME ES? 1 YES 2 NO B, GIVE WAR OR DATES	11		HISPANIC ORIGIN? (5 Mexican, Puerto Rica Specify:		14. RACE — American Indian, Black, White, atc. Specific IACK	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College H. H.	(Give	DENT'S USUAL OC kind of work done d o NOT use retired.)	CUPATION uring most of working	16b. KI	ND OF BUSINESS/IND	USTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) The Murphy	payree		18. MOTH	ER'S NAME (FIRST, MICHO)	Humel		
10		,Sr 3	4/2 (Vashing	or Rural Route Number, You Ave	City or Town, State, Zip Balto, 1	red 21207	
	20s. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Removal from: 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	State 20b. PLACE AND Cometery. June	opate of disposition or other place.	M Part	DATE 10-27-98	Kanda	Ms town, state	
	Sola Ma	reh	M	larch F	300 W	abash x	Jue	
	23. PART I. Enter the diseasea, or complicate ahock, or heart fellure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death)	one that coused the death one cause on each line. Ourte J DUE TO (OR AS A CONSCOUR	njoran	the mode of dyln	yaut	or respiratory arro	Approximata interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE	·					
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditiona contributions of the second	ating to death but not read on which the last th	lens labe	pulity 1. 10/21	192	a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
IYSICI	EXAMINER? 1 YES 2 NO 1 Input	ient 2 - ER/Outpetient 3 -		: ing Home 5 🗆 Res	ATH (Check only one) Idence 6 Other (S			
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	28c. INJURY AT WORK? 1 YES 2	NO	BE HOW INJURY OCC		
COMPLETED	3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
OMPL	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the b							
TO BE C	296. SIGNATURE AND TITLE OF ARTIFIER			29c ACEN	SE NUMBER	29d. DATE	SIGNED (Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	TED CAUSE OF DEATH (ITEM 2	7) (Type, Print)				1 11	
	31. DATE FILED (Moath, Day, Myer) 1992 32	EMSTRATES SIGNATURE	dell					

marketing out to 100

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

											92	29829
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR						GIEN G. NO.	E		62065
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DE	HTA			3. TIME OF DEATH
	Charles	E		Co	ate	s SI	Q.	1 ()	22		YEAR	7 · 14 A M
		SEX 8. AGE (In)	yrs. last birthday)	IF UNDER		IF UNDER		7. DATE OF BIT	RTH			LACE (State or Foreign
	219-32-5771	X M 2 F	56 YRS.	MONTHS	DAYS	HOURS	MIN.	1 - 14 -	36		Country	MD
J.	Sa. FACILITY NAME (If not institution, give street	and number)		Sh CITY	TOWARI C	OR LOCATIO	N OF DE		30	A	ITY OF DE	
Œ		•		SO. CITY	, IOWN	M LOCATIO	N OF DE	Ain		Se. COOM	IIT OF DE	AIH
5	2702 Sethlow Ro.	ad		Bal	tim	ore	Cit	y				
EC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN O	OR LOCAT	TON					T	10d. INSIDE CITY
DIRECTOR	MD		-	Bal	tim	ore					- 1	LIMITS?
	10e, STREET AND NUMBER			Dui		ZIP CODE	- ::		-	40- 0171		HAT COUNTRY?
FUNERAL	2702 Sethlow Ro	4			11.5	1225						HAI COUNTRY?
NE										US	* -	
5	1 Never Married 2 Married	WAS DECEDENT EVER IN U FORCES? 1 X YES	S. ARMED	13. 1	WAS DEC If yes, sp	ENDENT OF	F HISPAN , Mexican	IC ORIGIN? (Spe	etc.)	or No—	14. RACE Black,	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES			2 NO			•		Specify	fack
	15. DECEDENT'S EDUCATION	011		1				_		!		TUCK
밀	(Specify only highest grade com	opleted)	6a. DECEDENT'S (Give kind of a life. Do NOT us	work done o			7	16b. KIND	OF BUS	SINESS/IND	USTRY	
ן ב	Elementary/Secondary (0-12)	college (1-4 or 5+)	IMIL DO NOT US	o remed.)				024.	. 15.7	c n -	7	
COMPLETED										f Ba	1011	iore
ပ္ပ	17. FATHER'S NAME (First, Middle, Lest)							ME (First, Middle,		Sumame)		
8	Ernest Moore					Est	ner	Coate	58			
5	19a, INFORMANT'S NAME (Type/Print)							loute Number, Cit				
	Damond Coates 2702 Sethlow Rd./Baltimore, MD 21225											
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Complete V. crematory or other place) 20c. LOCATION — City or Town, State											
	VR) Burial 2 Cremation 3 Removal from State Cemetery, crematory or other place Crownsville, MD Crownsville, MD											
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE 1 - (22.1	NAME A	D ADDRES	S OF FAC	YTUK				
	D #	XX	5	11144		MAD	CH	с и /	110	1 5	NO	RTH AVE.
\neg	23. PART i. Enter the diseases, or com	nilceline that several si	to death Da									
	shock, or heart feliure. List	only one ceuse on each	h line.	101 Burea	rue mo	die or dysr	ig, sucr	1 35 CAPDIAC 0	rrespi	ratory sm	est,	Approximata Interval Between
- 1	iMMEDIATE CAUSE (Final disease or condition	I man he	- 12	2012	<u></u>	wa.	-11	DIA MO	011.	210	0.0.0	Onset and Death
	resulting in death) s.	hxrek ensiv			20	UKO	CAT	PRVOID	ruc	MY	NSBI	任
		DUE TO (OR AS A C	ONSEQUENCE O	F):								
Z	Sequentielly list conditions, b											
RTIFICATION	If any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE O	F):								
<u> </u>	cause. Enter UNDERLYING CAUSE (Disease or injury											
	that initiated events resulting in desth) LAST	DUE TO (OR AS A CO	ONSEQUENCE O	F):								
EH CEH	d											
	PART II. Other significant conditions or	ontributing to death but	not resulting	in the un	derivino	cause o	ven in i	Part I. 24a.	WAS AN	AUTOPSY	24h 3	WERE AUTOPSY FINDINGS
MEDICAL									PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
								— ¹%A	YES 2	□ NO		OF DEATH?
Σ								_ '			1 1	YES 2 NO
PHYSICIAN:												1
ਹੋ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER		ACE OF DE	ATH (Chi	ck only one)				
YS	1 TYES 2 NO 1	Inpetient 2 ER/Outpetic	ent 3 🗆 DOA			5 Res	idence	6 Other (Spec	:#y)			
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	E OF URY	28c. INJ WO	URY AT		28d. DESCRIBE	HOW II	UNITY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation			М	-	ES 2 _	NO					
ED	3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, s	street, fecto	ory, office	•		281, LOCATION	(Street a	nd Number	or Rural Ro	ute Number,
- 1	4 Homicide determined							City or Town	., Grand)			
Z.E.	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	t: To the best of my knowled	ge, death occurre	d at the H	me, date	and place	and due	in the council	and mer	that an admi-	a a	
COMPL	(Check only one) 2- MEDICAL EXAMINER: Q											and manner on whete-d
- 1	296. SIGNATURE AND TITLE OF CERTIFIER	not la	1	, 0					all			
# I	777	WA	1			29c. LICE				29d, DATE	SIGNED (Month, Day, Year)
o Tall ATu o.				O.C	.M.E.			10/2	2/1992			

Penn Street, Baltimore,

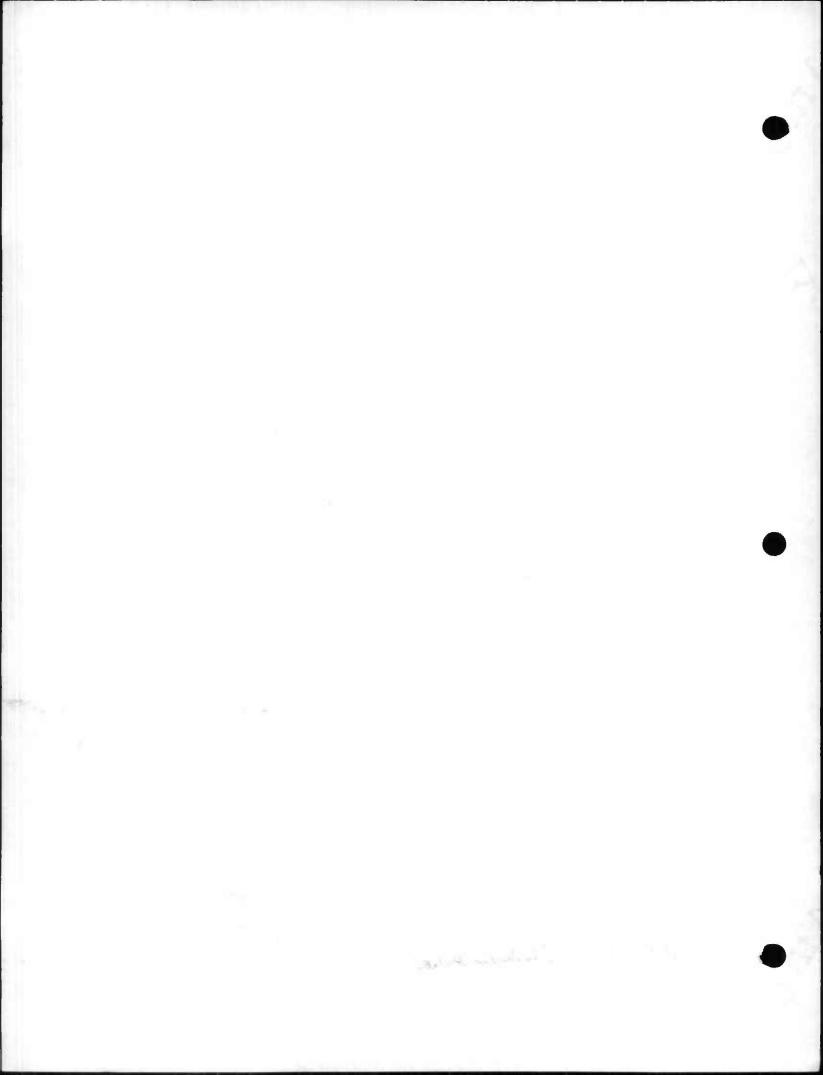
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27 1992

DHMH-16 Rev 1/89

21201

Maryland



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.	
All rest	1. DECEDENT'S NAME (FIRST, MACHIN, LON) MATTHEWS WALTER CARROLL 2. DATE OF DEATH MONTH DAY OF 23 92 1135	217
	4. SOCIAL SECURITY NUMBER 3. SEX 6. AGE (In yrs. last birthday) 7. YRS. 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 14 HRS. 7. DATE OF BIRTH (Morth, Qny, Year) MONTHS MIN. 7. DATE OF BIRTH (Morth, Qny, Year) MARY Land	
TOR	Sa. FACILITY NAME (If not institution, give street and number) SINAI HOSPITAL BALTIMORE Security of DEATH BALTIMORE	
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 \(\tilde{\Omega} \) YES 2 \(\tilde{\Omega} \) NO	
FUNERAL	3723 FERNDALE AVE 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? USA.	
8	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 M Divorced 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 M YES 2 NO IF YES, GIVE WAR OR DATES World War II 13. WAS DECEMbent OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 15. WAS DECEMbent OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.) 16. RACE — American Indian, Black, White, etc. 17. WAS DECEMbent OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.) 18. RACE — American Indian, Black, White, etc.) 19. WAS DECEMbent OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.) 19. WAS DECEMbent OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.)	
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) High School 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use netled.) 16b. KIND OF BUSINESS/INDUSTRY Social Security Admin	
COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)	1 -
BE	Matthews J. Carroll Gevena Chapman 196. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)	_
٩	Marion Carroll 8 Woodland Ct Apt 201 Laurel, MD 20707	7
	20e, METHOD OF DISPOSITION 20b. PLACEAND DATE OF DISPOSITION / Name of Computer Computer Computer Computer Computer Computer Computer Computer Computer Computer Computer Computer Computer Computer Computer Computer Comp	
	4 Donestion 5 Other (Specify) MD Veteran Cem/Garrison 10/28 Owings Mills, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes I	20
	Herbert E. Lutter 2501 Gwynns Falls Parkway Baltimore, MD 21216	110
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	
FRIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):	
CAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDING	38
PHYSICIAN: MEDIC	PERFORMED? 1 YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
S	25. WAS CASE REFERREO TO MEDICAL EXAMINER? LOSDIFAL: 26. PLACE OF OEATH (Check only one)	\dashv
BY PHYS	1 YES 2 NO	\exists
_	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
COMPLEIED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.	
O BE	296. SIGNATURE NO TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 100 28 92	
	UJWALA DESAI SINAI HOSPITAL	
	UTWALA DESA! SINAI HOSPITAL 31. DATE FILEO (MONTH), DAY, HORT) 32. REGISTRAR'S SIGNATURE OCT 27 1992 Guna Savidson-Randon	٦

P P 2

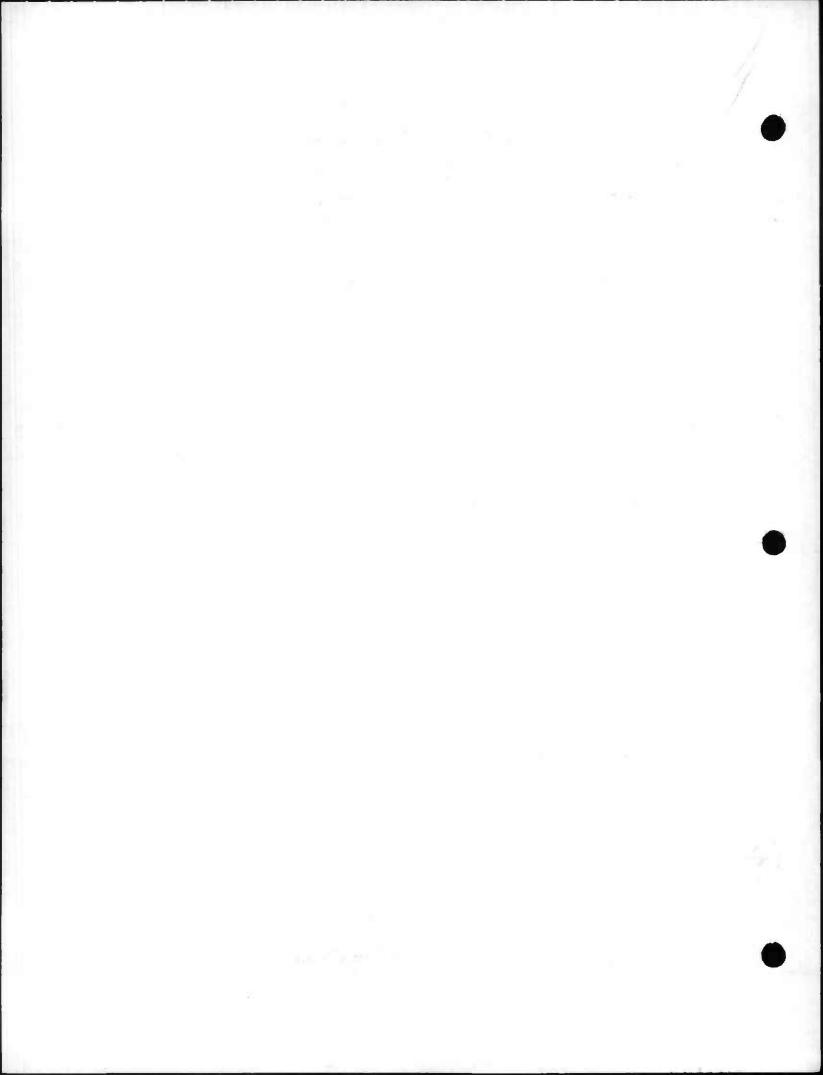
URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

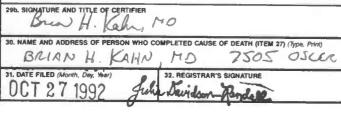
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within kernours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tri	once.
h. Page 6 may be retained by t	eral director, page 5 should be	niner must be notified at
scuted within A. hours after deat	nd completely filled in by the fun	be lifed writin 12 hours after death with the State Dept. Of regard and wenter hygiene profit to build, contractor, or removal. IMPORTANT: If I tem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
hat the death certificate be exe	by the attending physician an	be lieu whithin 7, hours after dealt with the plate begul of health and wental naybeing prior to burlial, definition, of retholds, IMPORTANT: If I tem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical ex
HYSICIAN: The law requires to	his certificate has been signed	ked, or item 23 shows a
HOSPITAL OR ATTENDING P	FUNERAL DIRECTOR: After t	MANT: If Item 28 is mar
HL OF	HT OF	IMPO

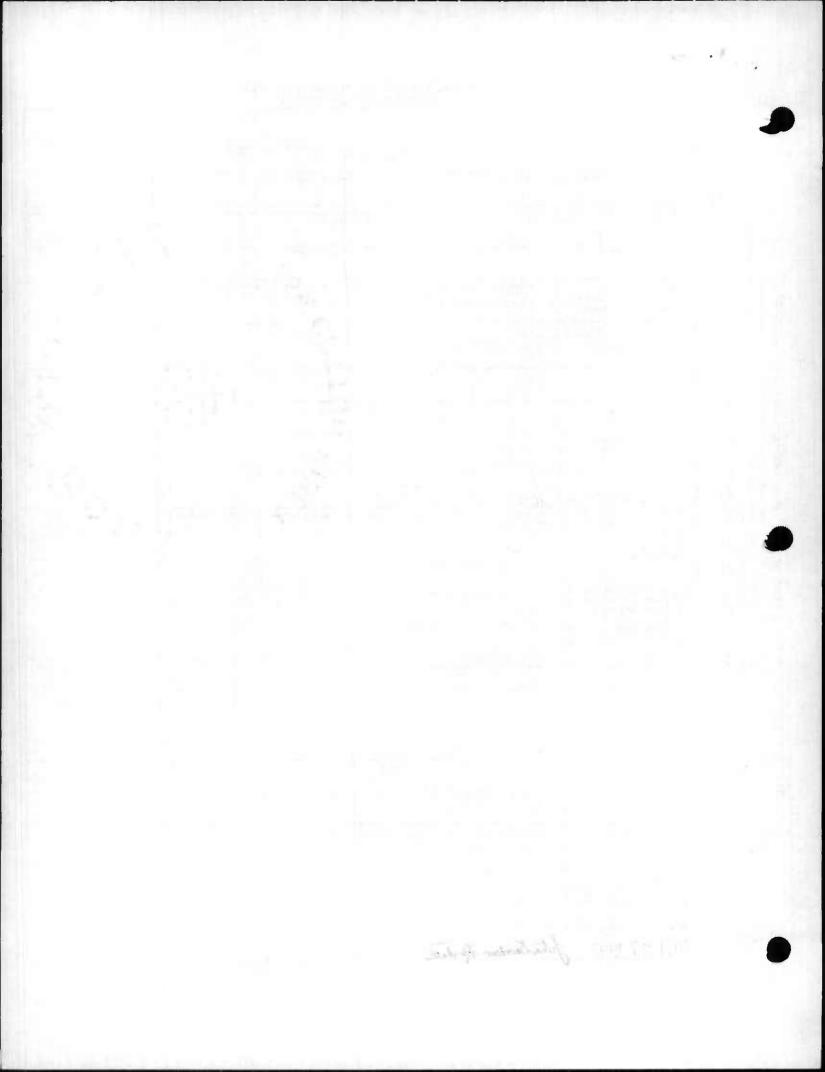
	1 - FOR STATE REGISTRAR	STATE OF MARY				EAUTH AN DEATH	D MENT	AL HYGIEN	E	2	29831
-	1. DECEDENT'S NAME (First, Middle, Last)	MARGARE	CULLEN				MO	TE OF DEATH DATE 10-23-9		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-12-2333	5. SEX 6. AGE	(In yrs. last birthday) 90 YRS.	IF UNDER	DAYS	IF UNDER 24 HF HOURS MI	s. 7. DAT	2-28-19	1	BIRTHPLA Country) Mary	Land
TOR	96. FACILITY NAME (If not institution, give Union Memorial I- RESIDENCE OF DECEDENT	1	alti	MOTE				Y OF DEATH			
DIRECTOR	Maryland 106. COUNT	10c, Cr	TY, TOWN O	OR LOCAT	ION	Balti	more	I	13 50	LIMITS? XYES 2 \(\bar{\cap} \) NO	
FUNERAL	3678 Falls Road				101.	1. ZIP CODE 21211				N OF WHAT	COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	IN U.S. ARMED 3 2 X NO DATES		If yes, spe	city Cuben, Me	SPANIC ORIG ixican, Puerl pecify:	GIN? (Specify Yes to Rican, etc.)	or No-	Black, WI	American Indian, lite, etc.	
COMPLETED	15. OECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	N st of working	1	6b. KIND OF BUS	SINESS/INDU	STRY	G				
BE COM	17. FATHER'S NAME (First, Middle, Leet)	Gur				Ma	ry —	t, Middle, Meiden			
5	196. INFORMANT'S NAME (Type/Print) William & Barbara Zufall 196. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3135 Woodhome Avenue Baltimore, Maryland 21234 266. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of the place) 206. PLACE AND DATE OF DISPOSITION (Name of the place) 206. PLACE AND DATE OF DISPOSITION (Name of the place) 206. PLACE AND DATE OF DISPOSITION (Name of the place) 207. DATE OF TOWN, State 208. PLACE AND DATE OF DISPOSITION (Name of the place)										
	23. PART I. Enter the disease, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Complications that cause on List only one cause on a	each lina.	3 not entar	631	Falls	Road	Baltin	ore,	Mary1	ral Home and 21211 Approximata Interval Between Onset and Death
SERTIFICATION	Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
4: MEDICAL C	PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FIN AMLABLE PRIOR TO COMPLETION OF CLO										ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	petient 3 DOA	OTHER	R:	ACE OF DEATH					
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Dey, Year)	26b. TIR	-	28c. INJU	JRY AT	28d. D	ESCRIBE HOW I	NJURY OCCU	RED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	ecify)				Ci	CATION (Street e ty or Town, State)			Number,
COMPLETED		ICIAN. To the best of my know									menner es stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WITH	, 10				29c. LICENSE D 28				Z6/9	oth, Day, Year)



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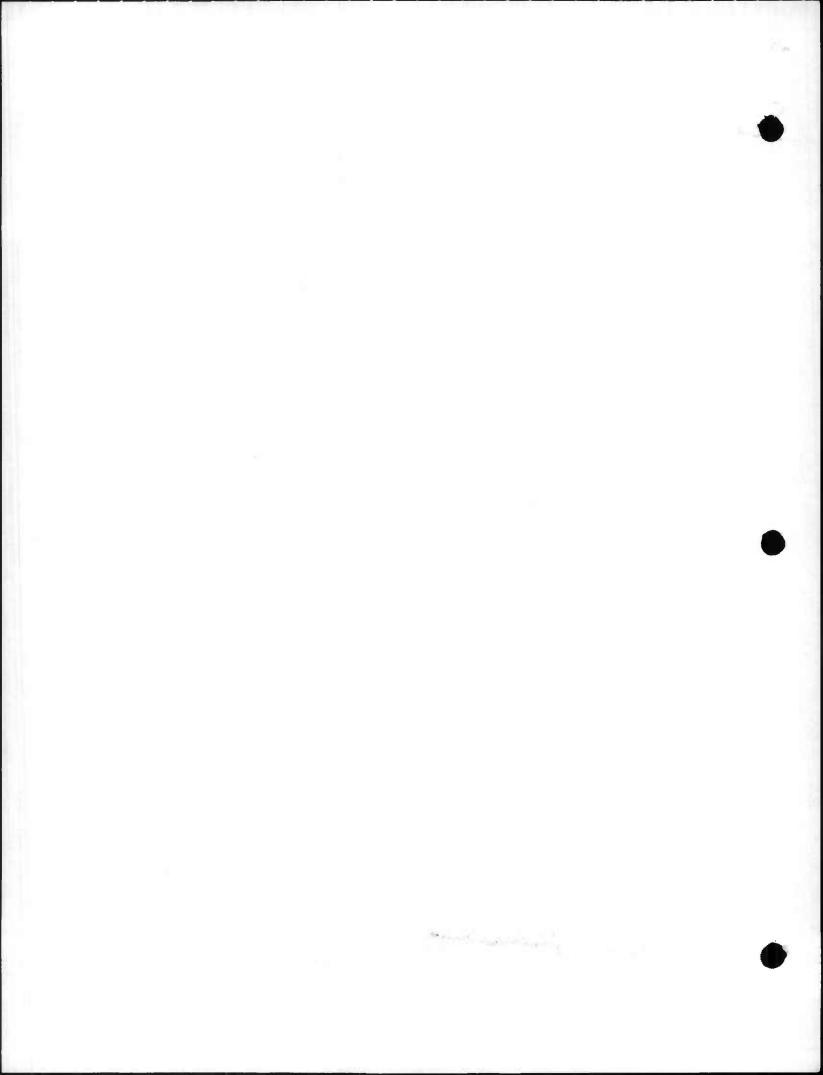
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OR



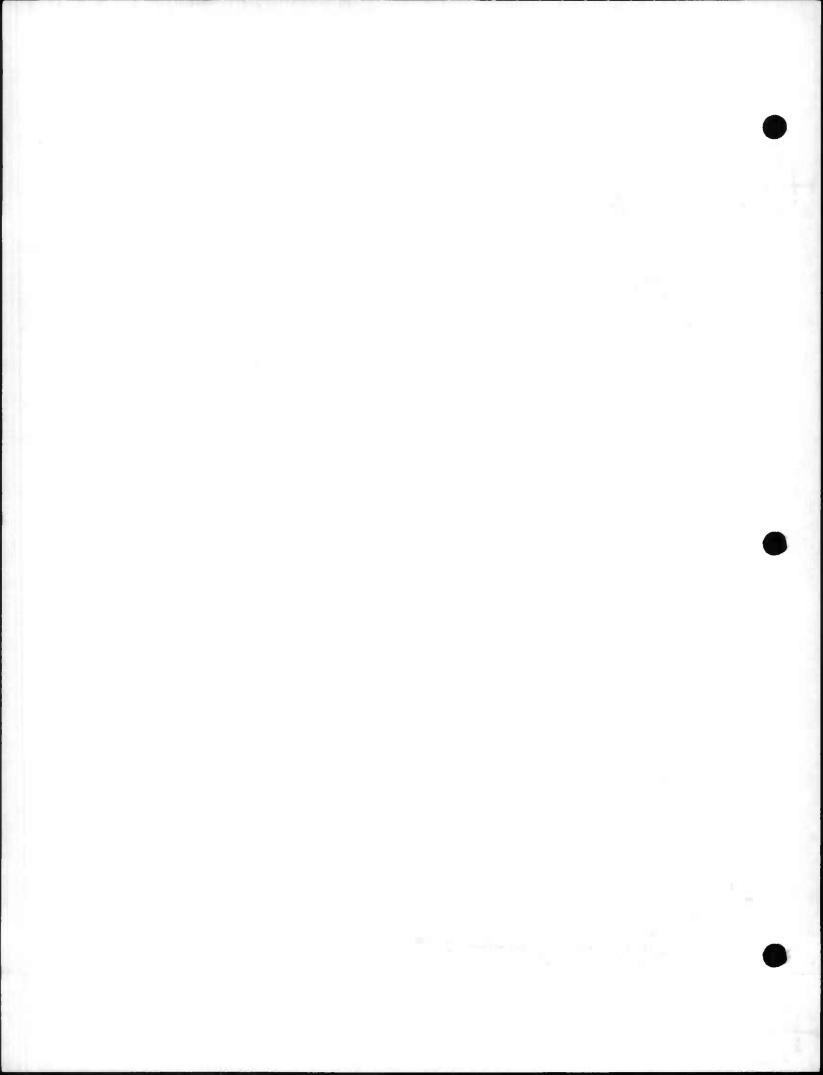
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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN	-	
	10		trude S. Causley	у			2. DATE OF DEATN	DAY Y	3. TIME OF DEATH
pie		4. SOCIAL SECURITY NUMBER 220–14–5673	1 □ M 2 🖎 F 94		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1.	BIRTHPLACE (State or Foreign
, 2, 3 should	TOR	90. FACILITY NAME (If not institution, given Perring Parkway Mer	ridian		Baltin	OR LOCATION OF DI	EATH	Balt	OF DEATH CIMORE
ift. Pages 1,	DIREC	10e. STATE 10b. COU		10c. CITY,	Baltim				10d. INSIDE CITY LIMITS? 1 YES 2 NO
in. ransit permit.	VERAL	8409 Oakleigh Road			10	01. ZIP CODE 21234		10g. CITIZEN USA	N OF WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s		NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.) y		. RACE — American Indian, Black, White, etc. Specify: White
21 for u	ᆸ	15. DECEDENT'S E (Specify only highest gra Elementacy/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo like. Do NOT use HOMEMAKE	ork done during m retired.)	ION lost of working	16b. KIND OF BU		
ALA pe der	ш	17. FATHER'S NAME (First, Middle, Last) John Sperlein				18. MOTHER'S NA Margaret	AME (First, Middle, Meiden C Geisen	1 Surname)	
- 2 2 0	TO B	19a. INFORMANT'S NAME (Type/Print) Miriam Ross		8409	0akleigh	Road Bal	Aoute Number, City or Tow timore, Md.	21234	
Ben Ben Ben Ben Ben Ben Ben Ben Ben Ben		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	emoval from State	o. PLACE AND DATE OF netery, crematory or othe OST HOLY Rec	deemer Oc		В	ocation — chy Baltimore	
BALTI ther death. P the funeral oval.		James J. Bladden Leonard J. Ruck Inc. 5305 Harford Road 21214							
24 r		23. PART /. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one cause on ea	d the death. Do no sech line.		ode of dying, suc	h as cardiac or resp	dratory arrest	t, Approximate interval Between Onset and Death
B 6 8	NO	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	scle	wtc	uer d		
or to be	IFICATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		CONSEQUENCE OF):		i om	ul d	no	20
the death certificate the attending physical Mental Hygiene principle.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL	resulting in death) LAST	d.		-42 - 30-141-1414	20 - 1			
Y = 65 -	AEDICAL	PART II. Other significant conditi	ions contributing to death by	ut not resulting in	the underlyii	ig cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AL KI he law rec has been e Dept. of m 23 sh		25. WAS CASE REFERRED TO MEDICAL			26. F	PLAGE OF DEATH (Ch	neck only one)	165	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ICIAN: T ertificate the Statt or Ite	IYSIC	EXAMINER? 1 YES 2 HO 27. MANNER OP DEATH	HOSPITAL:	patient 3 DOA 4	OTHER:	me 5 🗆 Residence	6 C Other (Specify)		
ther this ceath with marked,		1 Natural 5 Pending 2 Accident Investigation		28b. TIME INJUI	RY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW I	INJURY OCCUR	ED
OR ATTENDI OR ATTENDI DIRECTOR: A hours after d Item 28 Is	ETED	3 Suicide 6 Could not be determined	Sunding, with (open	offy)			281. LOCATION (Street City or Town, State))	Rural Route Number,
小海風の二	COMPL	one) 2 MEDICAL EXAM	YSICIAN: To the best of my knowle INER: On the basis of examination						aute(e) and manner ee stated.
TO THE P TO THE P THE P THE P	86	29b. SIGNATURE AND TITLE OF CERTIF	m'au k	D cl	34	OOF 3	MBER	≥ / C	GNED (Morrith, Day, Year)
		Gracito Patricio M	1D 8903 Harford R	Road Baltimo		21234			
		OCT 27 1992	the Bathasthen House	COME.					



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physicia	filled in by the funeral director, page 5 should be detached for use as the burial-to on, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE MOSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ratialised by the hospital or attending physicial	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-time. To hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
1	-	医甲	١

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH	<u> </u>		3. TIME OF DEATH
	Cecil				СОСН	III. D					AY	YEAR:	06:44 P. M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. le		IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7 DATE OF BIETH A BIOTHOLA			IPLACE (State or Foreign
	218-18-	-5676	1 🖰 M 2 🗌 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov. 19, 1	1909	Countr	orgia
	9a. FACILITY NAME (If not in	nstitution, give s			9b, CITY	r, TOWN	OR LOCATI	ON OF DE	ATH	9c. COU	INTY OF D	EATH	
O. H	Frankli RESIDENCE OF DEC	spital			F	Ross	vill	le	Ba	ltimo	ore		
E	RESIDENCE OF DEC	10b. COUNTY			10c CI	Y, TOWN	OR LOCAT	THOM .					***
DIRECTOR	Md.	nore	100.01	i, iown	Middle River					1 YES 2 NO			
FUNERAL	10a. STREET AND NUMBER		an Roa	£			101	. ZIP COD	2122	20	10g. CIT	US	WHAT COUNTRY?
15	11. MARITAL STATUS	Ve-34	12. WAS DECEDEN	T EVER IN U.S. AI		13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE	American Indian, t, White, etc.
BY	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V					2 KNO				Speci	
0	15. DEC	EDENT'S EDU	CATION completed)		CEDENT'S					16b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	54	. Do NOT u	se retired.)							
MP.	10th				Pi	ping	g &	Wel				role	eum
BE CO	17. FATHER'S NAME (First, M Claude		Cochr	an				18. MOTI		ME (First, Middle, Meiden aude Ste	Sumame) EVEN	S	
10	Cecilia	Gard		19	6. MAILING	4 O	s (Street a 3. k I	ean	RO a	ad Baltir	n, Stata, Zi Nore	Md.	21220
1	20s_METHOD OF DISPOSIT 1 Burlal 2 Crematic 4 Donation 5 Other	ION on 3 - Rem	ovel from State	20b. PLACE	AND DATE	OF DISPOS	Cen	me of nete	ry :	10/26/92	BA1	time	ore Md.
	21. 9GNATURE OF FUNERA	SERVICE LIC	ENSEE	, ,		22.	NAME A	ID ADDRE	SS OF FAC	CILITY			
	Cornell	ly Fu	neral	Hon	re)			_					Ave.21221
	23. PART I. Enter the d shock, or h	iseases, or c eact failure.	omplications the	t caused the de	eath. Do	not enter	the mo	de of dy	ing, such	as cardiac or respi	iratory an	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Fir disease or condition	nal	Cox	colonovac	C [] 2	ν Λο.	cido	12 4					Onset and Death
	resulting in death)	→	n		ovascular Accident								
-		_			ONSEQUENCE OF):								
CERTIFICATION	Sequentially list condit if any, leading to imme				tes Mellitus a consequence of:								
3	CAUSE (Disease or inju		L										
E	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	QUENCE O	F):							
H	rooming in dodn'y Ero		1										
	PART ii. Other significa	nt condition	s contributing to	death but not	resulting	in the ur	nderlying	cause (given in I	Part i. 24e. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL										PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
													OF DEATH?
ä										_			
N N	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOODITAL					ACE OF D	EATH (Che	ick only one)			
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	4 - Nur		e 5 □ Re	eldence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH 1 X Natural 5	5-32	28a. DATE OF (Month, D	INJURY ay, Year)	28b. TIN	IE OF JURY	28c, INJ WO	URY AT		28d. DESCRIBE HOW I	NJURY OC	CURED	
à l		Pending Investigation				M		res 2	NO				
		Could not be determined	28e. PLACE C building,	FINJURY — At he etc. (Specify)	me, farm,	street, faci	tory, office			26f. LOCATION (Street a City or Town, State)		r or Rural R	loute Number,
Ē	29a. CERTIFIER 1 CERT	TIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occur	ed at the t	lme date	and place	and the	to the cause(s) and mar		to d	
COMPLETED) and manner as stated.
9E	296. BICINATURE AND TITLE	of ceff per	Louis	5	\			29c. LICE	INSE NUM	BER	29d, DAT	E SIGNED	(Month, Day, Year)
2	30. HAME AND ADDRESS OF	PERSON WHI	COMPLETED CAU	IE OF DEATH-HITE	wery (Type	Print)							
							dr	BALT	II40R	E Md 21237	7		
	31. DATE FILED (Month, Day,	Year)		R'S SIGNOTURE									
	OCT 2.7 19	127	7										



3. TIME OF DEATH

YEAR

, GLEN BURNIE, MD. 21061

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (Month, Day, Year)
OCT 2 7 1992

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	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	
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	EMMA										9'		
1	4. SOCIAL SECURITY NUM		5. SEX		in yrs. lest birthday) YRS.	IF UNDER 1		F UNDER 24 HRS.	(Mon	OF BIFTTH th, Day, Year)			LACE (State or Foreign
. 3	216-74-8388		1 - M 2 XX	83	YHS.					7-1909			LAND
OR	90. FACILITY NAME (II not I NORTH ARUND	EL H	OSPITAL AS	SOCI	ATION			BURNIE	EATH		ANNE	ARUN	
5	RESIDENCE OF DE					1							
DIRECTOR	10e. STATE	10b. CO	UNTY		LIMITS?							lod. INSIDE CITY LIMITS?	
. 1	MARYLAND ANNE ARUNDEL GLEN BURNIE									YES 2 NO			
₹	10e. STREET AND NUMBER	t		101. ZIP CODE							10g. CITIZ	EN OF WH	IAT COUNTRY?
<u> </u>	9 EASTERN STREET 21061 U						U.S	S.A.					
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN	U.S. ARMED			DENT OF HISPAI ty Cuban, Mexico			s or No-	14. RACE -	- American Indian, White, etc.
B	1 Never Married 2 \(\sqrt{3} \) Widowed 4 \(\sqrt{1} \) Div	orced	IF YES, GIVE Y	WAR OR DA	ATES			NO Specif		10001, 000.)			WHITE
유			EDUCATION		18a. DECEDENT	S USUAL OC	CUPATION		164	b. KIND OF BU	ISINESS/INDU	JSTRY	
ᇤ	Elementary/Secondary (rade completed) Coflege (1-4 or 5	+)	life. Do NOT i	work done du use retired.)	inng most o	of working					
린	5		NONE		HOMEM	AKER				OW	N HOMI	Ξ	
COMPLET	17. FATHER'S NAME (First, A	Aiddle, Last)				1	IS. MOTHER'S NA	ME (First.				
O	DAVID W	VEISH	AAR					ELIZA			ETT		
0	19a. INFORMANT'S NAME (19b. MAILIN	G ADDRESS	Street and	Number or Rural				Corte)	
임	HARRY E. C		н			STERN							21061
	20a. METHOD OF DISPOSIT			201	PLACE AND DATE								
	1 ☐ Burlal 2 ☐ Cremati		Removal from State		. PLACE AND DATE letery, crematory or		Name (Name	Of	10	4 4 3	CATION - C		
				- I G	LEN HAV						LEN BU		
	► Loffey	22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MD.21											
			(DOO) - LAIN	nin	un	11 8	SECON	ID AVENU	JE, S	5.W.,	GLEN F	BURNI	E,MD.210
	23. PART/I. Unior the	lineases,	or complications the	nt caused	the death. Do								Approximate
	SPOCK, OF I	HOMES TODAY	or complications the	nt caused use on se	I the death. Do	not enter t	he mode	of dying, suc					Approximate Interval Between
	IMMEDIATE CAUSE (FI	HOMES TODAY	or complications the ire. List only one can	nt caused use on se	the death. Do	not enter t	he mode	of dying, suc					
	IMMEDIATE CAUSE (FI	HOMES TODAY	or complications the ire. List only one can oue to	et caused use on se	the death. Do ach line.	not enter t	he mode	of dying, suc					Approximate Interval Between
2	iMMEDIATE CAUSE (FI disease or condition resulting in death)	nal	s. Lost only one can	nt caused use on se	of the death. Do ach line.	not enter t	he mode						Approximate Interval Between
NOI	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condi	nal	s. Lost only one can	PON AS A	onsequence of	not enter t	he mode	of dying, suc					Approximate Interval Between
CATION	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condit if any, leading to imme	nal	s. Pos oue to b. Vev	PON AS A	aton consequences ula	not enter t	he mode	of dying, suc					Approximate Interval Between
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AL CERTIFICATION	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events	tions, soliate ring	b. DUE TO c. WUE TO d. COY	O (OR AS A	CONSEQUENCE OF CONSEQ	Pib.	tailifers	lue like Cotices Pai	ig ig	diac or resp	oliratory arm	24b. 1	Approximate Interval Betwee Onset and De
	immediate cause (Fi disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or injuit that initiated events resulting in death) LAS	tions, soliate ring	b. DUE TO c. WUE TO d. COY	O (OR AS A	CONSEQUENCE OF CONSEQ	Pib.	tailifers	lue like Cotices Pai	ig ig	24a. WAS AI PERFO	N AUTOPSY RIMED?	246. 1	Approximate Interval Between Onset and De On
	immediate cause (Fi disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or injuit that initiated events resulting in death) LAS	tions, soliate ring	b. DUE TO c. WUE TO d. COY	O (OR AS A	CONSEQUENCE OF CONSEQ	Pib.	tailifers	lue like Cotices Pai	ig ig	diac or resp	N AUTOPSY RIMED?	24b. V	Approximate Interval Between Onset and De On
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AN: MEDICAL	iMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS PART II. Other significations 25. WAS CASE REFERRED 1	tions, odiate ring ury	b. DUE TO c. WUE TO d. COY	O (OR AS A	CONSEQUENCE OF CONSEQ	Pib.	feer feer terrying c	of dying, such live for the chick Raise given in	ig Part I.	24e. WAS AI PERFO	N AUTOPSY RIMED?	24b. V	Approximate Interval Betwee Onset and De Ons
AN: MEDICAL	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other significations 25. WAS CASE REFERRED T EXAMINER?	tions, odiate ring ury	b. DUE TO C. BUE TO d. COY thous contributing to	per as a constant of the const	CONSEQUENCE OF CONSEQ	not enter t	feer feer certying c	of dying, such live for the control of the control	in se car	24a. WAS AI PERFO	N AUTOPSY RIMED?	24b. V	Approximate Interval Between Onset and De On
AN: MEDICAL	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other significations 25. WAS CASE REFERRED T EXAMINER? 1 YES 2 100	tions, odiate ring ury	b. DUE TO c. BUE TO d. LISTORY ONE CALL HOSPITAL: 1 Inputlent 2	o death but	CONSEQUENCE CONSEQ	not enter t	feet feet feet feet feet feet feet feet	of dying, such a factor of the factor of the factor of DEATH (Ch. 15) Residence	Part I.	24a, WAS AI PERFO	N AUTOPSY RMED? 2 NO	24b. 1	Approximate Interval Between Onset and De On
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condition, list condition from the course of the course of the course. Enter UNDERLY CAUSE (Disease or injutted initiated events resulting in death) LAS PART II. Other significations 25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	tions, soliate ring war conditions and conditions are conditions.	b. DUE TO c. DUE TO d. DUE TO d. DUE TO LINE TO CONTROL	O (OR AS A O) COO) O (OR AS A O) COO) O (OR AS A O) COO) O (OR AS A O) COO) O (OR AS A O) COO) O (OR AS A O) COO) O (OR AS A O) COO) O (OR AS A O) COO) O (OR AS A O) COO) O (OR AS A O) O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (OR A O) O (OR	CONSEQUENCE CONSEQ	not enter t	lerlying c	of dying, such a chick of the c	Part I.	24a. WAS AI PERFO	N AUTOPSY RMED? 2 NO	24b. 1	Approximate Interval Betwee Onset and De Ons
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condition from the court of t	tions, soliate ring ury ST	b. DUE TO c. BUE TO d. BUE TO d. HOSPITAL: 1 Inpatient: 2 [28s. DATE Of (Month, L.	o death be	CONSEQUENCE OF CONSEQ	OTHER: OTHER: A DITH	lectiving complete injury	of dying, such a control of the cont	Part I.	24a, WAS AI PERFO 1 YES :	N AUTOPSY RMED? 2 NO	24b. 1	Approximate Interval Batwa Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS PART II. Other signification 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNEB-OF OEATH 1 Natural 5 Natural 2 Accident 3 Suicide 6 Homicide 29a. CERTIFIER (Check only one) 2 MED	tions, soliate ring uny ST ST ST ST Conding Investigati Could not determine TIFYING PICAL EXAL	b. DUE TO b. DUE TO c. BUE TO d. DUE TO d. LIST ONLY TO DUE TO DU	DE RIVURY DOE: (Special of my knowledge)	CONSEQUENCE CONSEQ	OTHER: 4 Nursi ME OF JUNY MI street, factor	lertying c 26. PLAC 26. PLAC 26. INJUR WORK 1 YES y, office	col dying, such that the course of the color	Part I. Part I. 28d. DE 28f. LOC	24a. WAS AI PERFO 1 VES or (Specify) SCRIBE HOW CATION (Street or Town, State	N AUTOPSY RMED? 2 NO RNJURY Occi	24b. V	Approximate Interval Batwa Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MAPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

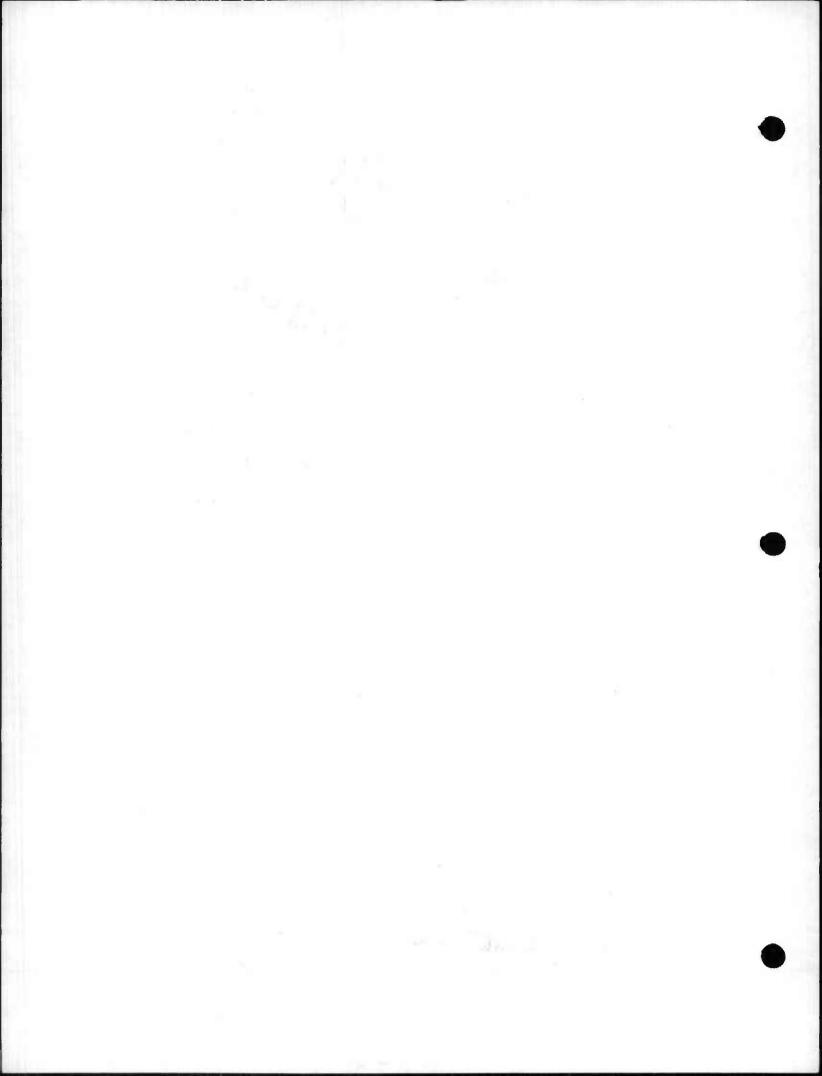
M.D. 1600 CRAIN HWY#3D2 CLENBURINE, MARYL

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	4
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	2. 3 should		
	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho	ĺ	
	permit. F		
Ician.	u-transit		
PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	the buria		
or attend	USE as		
ospital (iched for		-
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retained	5 should		notified
may be	or, page		ust be
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Althin 24	lietely fill	remation	ont, the
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ate be ex	ysician a	prior to	traum
n certifica	ndling ph	Hyglene	or other
the death	the atte	Mental Mental	Inlun.
res that	igned by	ealth and	VR SHY
law requi	is been s	ept. of H	23 shov
AN: The	ificate ha	State D	ed. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PHYSICI	this cert	with the	
HOSPITAL OR ATTENDING PHY		thin 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	RTANT: If Item 28 is merke
OR ATT	UNERAL DIRECTOR: Atte	hours af	Item 21
OSPITAL	UNERAL	ithin 72	NAT: II
¥	A P	A De	F

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENI						
- 5	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-	3. TIME OF DEATN				
	DOROTHY M	CUSIMANO)			10 25		631 P M				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. BIRT	NPLACE (State or Foreign				
3	213-03-6346	1 □ M 2 💢 F 74	HOURS MIN.	(Month, Day, Year) 4/12/1918	Coun MAI	RYLAND						
1-3	9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
OR	NORTH ARUNDEL HOS	SPITAL		GLEN E	BURNIE		ANNE A	RUNDEL				
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	· ·	100 000	TOWN OR LOCAL	TION!			and Mount out				
DIRECTOR		EEN ANNES	2.7	TEVENSVI			10d. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER	2211 14111120	3.		ZIP COOF		1 YES 2 NO					
R/	601 BAY SIDE DI	RIVE			21666		U.S.A.	WINT COUNTRY				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS DEC	ENDENT OF NISPAN	IC ORIGIN? (Specify Yes	or No.— 14, RAC	E - American Indian.				
	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp		n, Puerto Rican, etc.)	Blec Spec	ck, White, etc.				
ВУ	3 X Widowed 4 Divorced				- QL			WILLE				
TED	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	16a. DECEDENT'S I	ork done during mo		16b. KIND OF BUS	INESS/INDUSTRY					
LETI	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)								
COMPL	12 17. FATHER'S NAME (First, Middle, Last)	NONE	TELEPHO	NE OPERA			ELEPHONE	E CO.				
_		O M E				ME (First, Middle, Malden S	,					
BE	HARRY M. CAI	COME			BEATRI							
일	CAROL A. LAMON	άT		ATEWAY I		NNAPOLIS,		1401				
	20a. METHOD OF DISPOSITION		PLACE AND DATE O			OATE 20c. LOC						
1 1	1 ☐ Burlet 2 ☐ Cremetion 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State Cen	netery, crematory or oth	er place)		10/28 GLE						
	21. SIGNATURE OF FUNERAL SERVICE LI		LEN HAVE			SINGLET						
	() 1 /	MIL.										
	Umela (& brate	61)	1				RNIE, MD.2106				
	23. PART I. Enter the diseases, of ahock, or heart failure.	Complications that cause List only one cause on a	d the death. Do no ach line.	ot enter the mo	da of dying, suct	n as cardiac or respir	ratory arreat,	Approximata interval Between				
	IMMEDIATE CAUSE (Final											
	disease or condition resulting in death) a. Shock DUE TO (OR AS A CONSEQUENCE OF):											
	DUE TO (OR AS A CONSEQUENCE OF):											
8	Sequentially list conditions, ff any, leading to immediate b.											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	Oh sh	CONSEGUENCE OF	(a c. C	A	(Kray	I (M					
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF	(67 7) Coli	15-4	7.10					
E	resulting in death) LAST	4										
	DART II ON 11 III 1	u.										
¥	PART II. Other algnificant conditio				g cause given in	Part I. 24a. WAS AN / PERFORI		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
MEDIC		e Alchon		repris	7.5	1 TES 2	□ NO	COMPLETION OF CAUSE OF DEATH?				
×	- AC	ielec r	Mars.	-1 5	> 9 dam	7_		1 TES 2 NO				
PHYSICIAN:												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF OEATH (Chi	ick only one)						
IYS	1 TYES 2 NO	1 Inpatient 2 ER/Out			e 5 🗆 Residence							
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WO	RK?	26d. DEŞCRIBE NOW IN	JURY OCCURED					
BY	2 Accident Investigation	28e. PLACE OF INJURY	- At home form at		res 2 No							
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec	city)	reet, ractory, omic	.	281. LOCATION (Street et City or Town, Stete)	nd Number or Rural	Route Number,				
	29a. CERTIFIER											
₩	(Check only	SICIAN: To the best of my know										
COMPLET	2 MEDICAL EXAMIN	ER: On the basia of examination	n and/or investigation	, In my opinion, d	eath occured at the	fime, date and place, and	due to the cause(e) and menner ee stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R /	W	h.	29c. LICENSE NUM	IBER	29d. DATE SIGNE	D (Month, Day, Year)				
2	30, NAME AND ADDRESS OF PERSON WI	- / (7.	Mes			10/2	(19)				
					JAV CLE	N RHDNIE	MD 210	6.1				
	31. DATE FILED (Month, Day, Year)	S, M.D. 16	UU CKAI	N TIUT	MAI, ULE	N DUKNIC	, 1710 . 4 1 0	U I				
	OCT 2 7 1992	Jula Davidson-1	market.									
	0010, 1995											



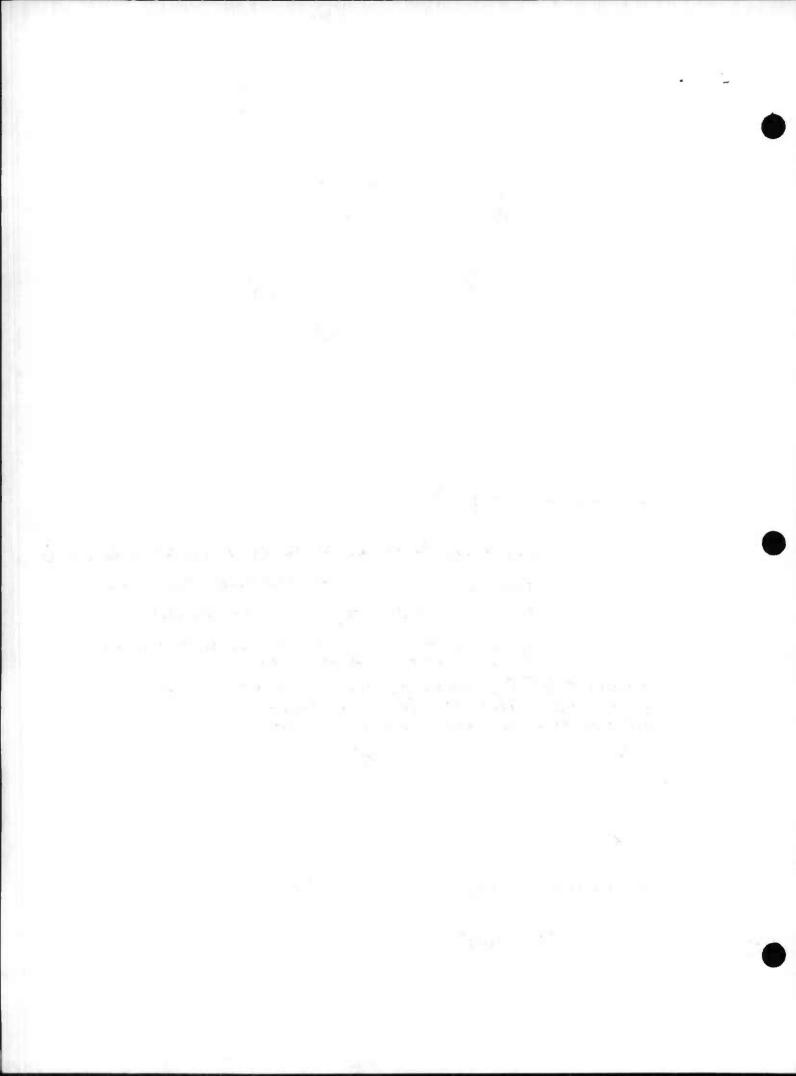
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_	FOR 1 - STATE REGISTRAR		/ DEPARTMENT OF CERTIFICATE OF		MENTAL HYGIEI REG. NO		- 20000		
	1. DECEDENT'S NAME (First, Middle, Last, ROLAND	4	OCK		2. DATE OF DEATH	26	3. TIME OF DEATH Z /2/07 AM		
g.	4. SOCIAL SECURITY NUMBER 2/2-42-0060	5. SEX 6. AGE (In 173.	YRS. HONTHS DAYS	IF UNDER 24 HRS. HOURS SHN.	7. DATE OF BIFTH (Month), Def. Year)	44	BIRTHPLACE (State or Foreign Country)		
1, 2, 3 should	9a. FACILITY NAME (If not institution, give UNIV. OF MARY RESIDENCE OF DECEDENT	STREET AND MED - CA		LTIMO	RE	9c. COUNTY	OF DEATH		
DIRE	MARYLAND 10b. COUNT	TY .	BALT I	4	TTY		10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL D		YLE AVE		2 1Z	- 1	lu	S. A.		
2 2	11. MARITAL STATUS 1 Never Married 2 Married 3, Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	NO If yes, s		NIC ORIGIN? (Specify Wars, Puerlo Rican, etc.) fy:	es or No-	RACE — American Indian, Black, White, etc.		
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5 +)	DECEDENT'S USUAL OCCUPAT (Give kind of work done during ri life. Do NOT use retired.)	TION nost of working	16b. KIND OF BI	JSINESS/INDUS	TRY		
onte.	12th grade 17. FATHER'S NAME (First, Middle, Last)		nemployed	18. MOTHER'S NA	AME (First, Middle, Maide	n Surname)			
m # g	Leroy Wheatley				ret Dunr				
1 1	199. INFORMANT'S NAME (Type/Print) Margaret Dodso	1	1120 Argy						
9	20p. METHOD OF DISPOSITION	20b. PLAC	E AND DATE OF DISPOSITION				or Town, State		
r must	1X Burial 2 Cremation 3 Red 4 Donation 6 Other (Specify)	Kin	g Memorial	Park		andal1	stown, MD		
examiner examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
= 60	23. PART I. Enter the diseases, or	complications that several the					NORTH AVE.		
remation, or remover, the medical	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. BRAIN STEP DUE TO JOR AS A CONS	1 HERNIA		on as cardiac of res		Approximate Interval Between Onset and Death 5 26 HRS		
Hygiene prior to burial, or other traumatic ever	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	PARIETAL I EQUENCE OF: -EA HYPE			HEND	EARS		
C S	DADT II Other significant condition	d.							
ws any I	PART II. Other significant condition INTRAVENO ALCOHOLUS	OUS DRUG A		ng cause given in		RMED?	24b, WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Dept. of 23 sho									
State Dept.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	PLACE OF DEATH (C					
主に書	27. MANNER OF DEATH	28a. DATE OF INJURY (Morgh, Day, Year)	28b. TIME OF 28c. II	MJURY AT /ORK?	28d. DESCRIBE HOW	INJURY OCCUP	ED		
death with	1 Natural 5 Pending 2 Accident Investigation	10/25/92	5:00 fm 1 =	YES 2 NO		- 4	RAGREBRAL		
m 28 ls	3 Suicide 8 Could not be 4 Homicide determined	HUMELESS	SHELTER			·	Rural Route Number NEMP RR		
OMP	(Check only	SICIAN: To the best of my knowledge, ER: On the bests of examination end/o					euse(s) and manner se stated,		
E E	29b. SIGNATURE AND THE OF CERTIFIE	ER .		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)		
2 ₹ 2	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, Print)			10	26/92		
	R. SWARUT	, MD,	ary (1)pay + may						
	OCT 27 1992 A	32 DEGISTRAR'S SIGNATURE	1						
1 9	1001 61 1336 d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

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×		FOR 1 - STATE REGISTRAR	STATE OF MARYL			TMENT ICATE				MENTAL HYGIEN REG. NO		L	63001	
		1. DECEDENT'S NAME (First, Middle, Last)	EVELYN G. I				. 01	DEA		2. DATE OF DEATH 10-24-1		YEAR	3. TIME OF DEATH	-
P	Y	4. SOCIAL SECURITY NUMBER 212-10-4370	1 🗌 M 2 🔀 F	(In yrs. les	t birthday) YRS,	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-7-1907	BIRTHPLACE (State or Foreign Country) Maryland			
, 2, 3 should	стоя	9a. FACILITY NAME (If not institution, give s MERIDIAN Hamilto RESIDENCE OF DECEDENT		me		9b. CITY,	TOWN C	Balt	ON OF DI		9c. COUR	ITY OF DE	——	
ift. Pages 1,	DIRE	Maryland 10b. country			10c. CITY, TOWN OR LOCATION Baltimore					timore			10d, INSIDE CITY LIMITS? 1 YES 2 NO	
020 physician. burial-transit permit. Pages	TO BE COMPLETED BY FUNERAL		Harford Road		101. ZIP CODE 10g, CITIZEN OF WHA 21214 US									
9 2 9		11. MARITAL STATUS 12XNever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 X		1 1	f yes, sp	ENDENT (ocify Cube 2 X NO	in, Mexica	ISPANIC ORIGIN? (Specify Yea or No— lexican, Puerto Rican, etc.) Specify: White.				
2121 al or atte for use		15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)		/G	Do NOT us		luring mo		ng	16b. KIND OF BU				
MARYLAND 2 retained by the hospital 5 should be detached to notified et once.		17. FATHER'S NAME (First, Middle, Last) Joseph Dunkle 18. MOTHER							ME (First, Middle, Maiden Lorence Do					
		19a. INFORMANT'S NAME (Type/Print) Mr & Mrs Raymond	191		ADDRESS Rol			r or Rural i	Poute Number, City or Tow Baltimore	n, State, Zip	Code)	1 21211		
TIMORE, h. Page 6 may be eral director, page niner must be		20b. PLACE AND DATE of DISPOSITION Argunia 2 Cremation 3 Removal from State Donation 5 Other (Specify) New Cathedral Cemetery 10/26 Baltimore, Maryland 12. NAME AND ADDRESS OF FACILITY, PLAYS OF TOWN, State 12. NAME AND ADDRESS OF FACILITY, PLAYS OF TOWN, State 12. NAME AND ADDRESS OF FACILITY, PLAYS OF TOWN, State 12. NAME AND ADDRESS OF FACILITY, PLAYS OF TOWN, State 12. NAME AND ADDRESS OF FACILITY, PLAYS OF TOWN, State 13. NAME AND ADDRESS OF FACILITY, PLAYS OF TOWN, STATE 14. SIGNATURE OF FUNCTION.												
SAL deat e fun		22. NAME AND ADDRESS OF FACILITY Burgee—Henss Funeral Home 3631 Falls Road Baltimore MD 21211 23. PART I. Enter the gleases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
24 hours aft filled in by Bon, or remo		shock, or theart failure.	List only one cause on e	ach line									Approximate Interval Between Onset and Death	
68760, executed within 24 and completely filling burial, cremation, natic event, the	z	disease or condition resulting in death) a. Cay diac failure with lardiac arrhyteria 6 Due to (or as a consequence of): Sequentially list conditions. b. Auch sich simus syndroune, Diafete.												
.O. BOX 68 certificate be execut ding physician and of tygiene prior to buring other traumatic	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): WILLI FUS. NYD, Hyper Huyri dimm												
S, P death death ential to	CERT	resulting in death) LAST 2 Cell CVF, Renal failure, Annuira												
ORC that the ned by the fifth and enty In	MEDICAL	PART II. Other significant condition Recent li	TJ el	eut not r	esulting	fa.	o U	le	given in	Part I. 24a. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AL law has the Dept 23	PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	es wifes	et	olle	w	26. PL	ACE OF D	EATH (Ch	eck only one)			1 PES 2 NO	_
L 음향투 기	HYSIC	1 YES 2 HO	HOSPITAL: 1 Inpatient 2 ER/Outs 26s. DATE OF INJURY	patient 3	DOA 28b. TIM				esidence	6 Other (Specify) 28d. DESCRIBE HOW I	N HIRW OO	NIBED.		_
ON OF DING PHYSIC After this cer death with th	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJ	M	1 🗌 1	RK? /ES 2] NO	and Deponder from F	NOON! OCC	ONED		
TISIC TTENDI CTOR: A after d after d	8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special control of the contro	— At ho	me, ferm,	street, facto	ory, office			28f. LOCATION (Street of City or Town, State)	and Number	or Rural Ro	ute Number,	
글 기자 =	COMPLET		CIAN: To the best of my know R: On the basis of examination										and manner as atsted.	
TO THE HOSPIT TO THE FUNERA be filed within 7	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	un My	ATH (ITE	M 27) (Time	Print1		29c. LIC	ense nui	180	29d. DATE	SIGNED	Month, Day, Year) 25/92	
(80)		Dr. I W Fromm	8014 Old											
		11. DATE FILED (Month, Day, Year) OCT 27 1992 July	na Daydson-Pan	1202										



BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT; If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT				MENTAI	REG. NO.	E	92	29930
	1. DECEDENT'S NAME (First, Middle, Last) SALVATOR	DF '	Dic	LEMEN	ITE				2. DATE MONTH	OF DEATH	4.6	992 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs, les		IF UNDER	4 WEAD	IF UNDER	04 1000		OF BIRTH			1:00 A.M
	215-12-1798	1 🗌 M 2 💢 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	, Day, Year)	1920	Country)	ACE (State or Foreign
_	So. FACILITY NAME (If not institution, give so	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							TH	
DIRECTOR	Good Samaritan	Hospital			Ba	ltim	ore	City					
2	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN O	R LOCAT	ION					1	Od. INSIDE CITY	
L Di	Maryland 100. STREET AND NUMBER			В	Baltimore City 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY						X YES 2 NO		
FUNERAL	3212 White Ave,					10	212				-	J.S.A	
ξ	11. MARITAL STATUS		IT EVER IN U.S. AR	MED	T 12.1	MAS DEC			IIC OBIOIN	2 /Parally Van			
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 XX	10	1	13. WAS DECENDENT OF HISPANIC OR If yes, specify Cuban, Mexicen, Pue 1 ☐ YES 2 ☼ NO Specify:			n, Puerto F		or No-		- American Indian, White, etc.
													White
門	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	ive kind of	USUAL OC	during mos	N st of workin	ng	16b.	KIND OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12) Unknown	College (1-4 or 5	+) iiie.	. Do NOT и	elper	r				Plum	ber		
	17. FATHER'S NAME (First, Middle, Last) JOSEON	DiC	lemente						ME (First, A	Aiddle, Meiden	Surname) Zino		
BE	19s. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	(Street as				er, City or Town		Cortei	
٩	Mrs. Marietta M				as #						, 01010, 2.0	0000)	
	20g. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Remo	oval from State	20b. PLACE A			ITION (Ne	me of		DATE	20c. LOC	CATION — C	City or Town	, State
	4 Donation 5 Other (Specify) Holy Redeemer 10/28/92 Baltimore, MD												
	Paul L. Hartsock, Jr. Baltimore, MD 21214												
	Your L Han	tout	K		L	eona	ird J	I. Ru	ick, I	nc. 5	305 1	Harfo	rdRd.
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest,										Approximeta		
	IMMEDIATE CAUSE (Final	List only opercat	ise on each line										Interval Between Onset and Daeth
1	disease or condition resulting in death)	chasta.	li	Co	lon	. (20					1-2475.	
		DUE TO	(OR AS A CONSEC	DUENCE O	F):								
N	Sequentially list conditions, M any leading to immediate Due to (oracis a consequence of):												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
5	CAUSE (Disease or injury	DUE TO	COR AS A CONSE	Sed .	dist	Ru	un	3	keps	akom	aport	2.	-
Ē	that initiated events resulting in death) LAST				long infecto								
8													
-	PART II. Other aignificant condition	a contributing to	death but not r	eauiting	in the un	derlying	ceuse g	lven in l	Part i.	24a. WAS AN			ERE AUTOPSY FINDINGS
9. 11										1 TES 2		C	VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
										_			
MEDICA					_								YES 2 NO
N: MEDICA									-				YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL					ACE OF D	EATH (Che	ack only one	p)			YES 2 NO
		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	t:			ack only one				YES 2 NO
PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		INJURY	28b. TIM	4 🗌 Nurs	t:	5 🗆 Re		8 🗆 Other		JURY OCC		YES 2 NO
	EXAMINER? 1 YES 2 NO	28e. DATE OF (Month, D	tNJURY wy, Year)	28b. TIM	4 🗌 Nurs E OF URY M	t: sing Home 28c. INJL WOI 1 Y	JRY AT RK?	sidence	8 Other	(Specify) CRIBE HOW IN		URED	
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notitural 5 Pending	28e. DATE OF (Month, D	INJURY	28b. TIM	4 🗌 Nurs E OF URY M	t: sing Home 28c. INJL WOI 1 Y	JRY AT RK?	sidence	8 Other 28d. DES	(Specify)		URED	
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Nitural 5 Pending Investigation 3 Suicide 6 Could not be determined	28e. PLACE 0 building,	INJURY wy, Year) F INJURY — At ho etc. (Specify)	28b. TIM tNJ me, term, r	4 Nurs	t: ling Home 28c. INJL WOF 1 V	JRY AT RK?	NO NO	8 Other 28d. DES 28t. LOCA City o	CRIBE HOW IN ATION (Street a or Town, State)	nd Number (URED or Rural Rou	
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notitural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	28e. DATE OF (Month, D building,	INJURY ey, Year) F INJURY — At ho etc. (Specify) my knowledge, de	28b. TIM tNJ me, term, s	4 Nurs E OF URY M street, tecto	t: ing Home 28c. INJL WOI 1 Y Pry, office	JRY AT RK? ES 2	NO NO	8 Other 28d. DES 28t. LOCA City of	(Specify) CRIBE HOW IN ATION (Street a or Town, State) se(e) and man-	nd Number (URED or Rural Rou	te Number,
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Witural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER Check only	28e. DATE OF (Month, D 28e. PLACE O building, CIAN: To the best of a: On the best of a	INJURY ey, Year) F INJURY — At ho etc. (Specify) my knowledge, de	28b. TIM tNJ me, term, s	4 Nurs E OF URY M street, tecto	t: ing Home 28c. INJL WOI 1 Y Pry, office	JRY AT RK? ES 2 and place, eath occur	NO NO	8 Other 28d. DES 28t. LOCA City of	(Specify) CRIBE HOW IN ATION (Street a or Town, State) se(e) and man-	nd Number o	URED or Rural Rou id.	te Number, Ind manner as stated.
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Hitural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. DATE OF (Month, D 28a. PLACE O building, CAN: To the best of a: On the best of a	INJURY ey, Year) F INJURY — At ho etc. (Specify) my knowledge, de	28b. TIM tNJ me, term, s	4 Nurs E OF URY M street, tecto	t: ing Home 28c. INJL WOI 1 Y Pry, office	JRY AT RK? ES 2 and place, eath occur	NO NO and due	8 Other 28d. DES 28t. LOCA City of	(Specify) CRIBE HOW IN ATION (Street a or Town, State) se(e) and man-	nd Number o	URED or Rural Rou id.	te Number,
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Hitural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. DATE OF (Month, D 28e. PLACE O building, CAN: To the best of a	INJURY lay, Year) F INJURY — At ho etc. (Specify) my knowledge, de xamination and/or i	28b. TIM thy me, term, o	4 Nurs E OF URY M street, factor ad at the fit	t: ing Home 28c. INJL WOI 1 Y Pry, office	JRY AT RK? ES 2 and place, eath occur	NO NO and due	8 Other 28d. DES 28t. LOCA City of	(Specify) CRIBE HOW IN ATION (Street a or Town, State) se(e) and man-	nd Number o	URED or Rural Rou id.	te Number, Ind manner as stated.
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Nitural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF (Month, D 28e. PLACE O building, CAN: To the best of a	INJURY lay, Year) F INJURY — At ho etc. (Specify) my knowledge, de xamination and/or i	28b. TIM thy me, term, o	4 Nurs E OF URY M street, factor ad at the fit	t: ing Home 28c. INJL WOI 1 Y Pry, office	JRY AT RK? ES 2 and place, eath occur	NO NO and due	8 Other 28d. DES 28t. LOCA City of	(Specify) CRIBE HOW IN ATION (Street a or Town, State) se(e) and man-	nd Number o	URED or Rural Rou id.	te Number, Ind manner as stated.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundar-transit permit. Pages 1. 2. 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medicel examiner must be notified at once.
D THE HO	D THE FU!	e filed with	MPORTA

BALTIMORE, MARYLAND 21215-0020

ITEMS: 23 PART I. 27 PER MEO G-694 12/1/92 reb

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H	EALTH AND DEATH	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			. TIME OF DEAT	Н	
	WANDA	MARIE	BEHLIN	D	AVIS	1 ()	2 3	9 2 8	3:07	A.	
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (n yrs. last birthday) II	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTHPI	ACE (State or Fo		
9	577-70-6956 1 9a. FACILITY NAME (If not institution, give street	m 2 X F 40	YRS.	HITHS DAYS	HOURS MIN.			Wash:	ington,	D.C	
TOR	DOCTORS COMMUNITY HOSPITAL LANHAM PRINCE (
DIRECTOR	10a. STATE 10b. COUNTY	George's		own on Locat					Od. INSIDE CITY		
	10e. STREET AND NUMBER				ZIP CODE		10a CITIZ		AT COUNTRY?	NO	
FUNERAL	6609 Louise Str	eet			207	06			Stat	es	
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify		14. RACE -	- American India		
	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp	city Cuban, Mexico 2 NO Speci	an, Puerto Rican, etc.)	0.07	-	White, etc.		
Э ВУ	3 Widowed 4 X Divorced				- A	,		BI	ack		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com		16a. DECEDENT'S US		at at	16b. KIND OF E	USINESS/INDU	ISTRY			
Ë		oflege (1-4 or 5+)	Iffe. Do NOT use n	Supervis	FOIC						
MP		Years	Classifi	ed Sys	tems	Pr	ivate				
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Mald					
H	Harold E. Behl	ın				icia R.					
2	19s. INFORMANT'S NAME (Type/Print)					Route Number, City or T					
	Patricia Kitt		1447	35th S	t., S.	E. Wash.	, D.C	•			
	20s. METHOD OF DISPOSITION 1 X Burlai 2 Cramation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place) 20c. LOCATION — City or Town, State										
- 1	Lincoln Memorial Cemetery Suitland, MD.										
	21. BIGHATULE OF FUNERAL SEGIO LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home										
	1 phm	allunad.	TIT			g Rd., N		ash.	D.C		
CERTIFICATION	shock, or heart feliure. List only one cause on each line. Interval Between Onset and Death CARDIAC ARRHYTHMIA Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury										
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
MEDICAL	PART II. Other algnificant conditions of	ontributing to death bu	it not resulting in t	he underlying	nderlying ceuse given in Part i. 24e. WAS AN PERFOI			RMED? AVAILABLE PRIOR COMPLETION OF		TO AUSE	
PHYSICIAN:											
2		OSPITAL:	0	26. PL THER:	ACE DF DEATH (Ch	eck only one)					
₹		Inpatient 2 TER/Output	itient 3 DOA 4	☐ Nursing Hom		6 Other (Specify)					
- 1	27. MANNER OF OEATH 1 X X Natural 5 Pending	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME O	WO	RIC?	28d. DEŞCRIBE HOV	INJURY OCCU	JREO			
à l	2 Accident Investigation				ES 2 NO						
0	3 Suicide 6 Could not be datermined	26e. PLACE DF INJURY building, atc. (Speci	— At nome, ferm, streety)	et, factory, office		28f. LOCATION (Street City or Town, Sta		r Rural Rou	ite Number,		
9	29a. CERTIFIER										
COMPLET	(Check only one) 1 CERTIFYING PHYSICIAN (Check only one) 2 MEDICAL EXAMINER: 0	t: To the best of my knowle in the basis of examination							od manner se el	bete	
	296. SHERATURE AND TITLE OF CERTIFIER	4		, ,,				-111		_100.	
H	Mount M. UG	ill.			29c. LICENSE NUI	MBER	29d. DATE	SIGNED (A	fonth, Day, Year)		
ဍ	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CALISE OF DEA	TH (ITEM 27) (Tona 2-	nt)	O.C.M	.E.	1 10-	24-	1992		
	Margonesa D-16	DAKENY 1	11 Penn		t, Bal	timore,	Maryl	and	2120	1	
1	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNA	Lagge								

BALTIMORE, MARYLAND 21215-0020	24-hours after death. Page 6 may be retained by the hospital or attending physician.	c certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1. 2. 3 should	tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL DR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or attending physician.	EVITO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If flem 28 is merked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	1 - STATE REGISTRAR DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	CATE OF I		MENTAL HYGIEN REG. NO.	_	To more a				
Ł	Docothy Dows	sey.				2. DATE OF DEATH DO NORTH	92	3. TIME OF DEATH				
	214.26.8186	1 M 2 M F	2 YRS.	MONTHS DAYS	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	9 M	IRTHPLACE (State or Foreign ountry)				
TOR	96. FACILITY NAME (If not institution, give street and number) 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH PESIDENCE OF DECEMENT 96. COUNTY OF DEATH											
DIRECTOR		imore Co.	10c. CITY,	TOWN OR LOCATIO	ON			10d. INSIDE CITY LIMITS? 15 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 8408 Lucerne R				21133			USA				
BY FUI	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES 2 NO IF YES, GIVE WAR OR DATES 13. Widowed 4 Divorced 14. RACTION IN YES 2 NO Specify: 1 YES OF NO SPECIFIED NO											
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)			SUAL OCCUPATION ork done during most retired.)	of working	16b. KIND OF BUS	I SINESS/INDUSTF	Black				
BE COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Nary Agnes Warfield											
5	19a. INFORMANT'S NAME (Type/Print) Dwayne Dorsey 19b. Malling ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8408 Lucerne Road, Randallstown, Md. 21133											
	20a. METHOD OF DISPOSITION 1 Surfat 2 Cremation 3 Remov 4 Donation 3 Other (Specify)	at from State com	PLACE AND DATE OF STA	Pk.			cation - chy a	CO., Md.				
	21. BIONATURE OF FUNERAL SERVICE LICES	NSEE /		22. NAME AND	ADDRESS OF FA	ACILITY						
	Joseph,	d. Kus	201	2222 V	V. Nor	uss Funer th Ave	BAlto	me , MD. 2121				
	23. PART LEnter the diseases, or co shock, or heer failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	at only one cause on e	ach line.	2222 V	V. Nor	th Ave	BAlto	, MD. 2121				
NOI	immediate Cause (Fine disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS A	CONSEDUENCE OF:	2222 Vot anter the mode	V. Nor	th Ave	BAlto	, MD. 2121				
RTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A	ach line.	2222 Vot anter the mode	V. Nor	th Ave	BAlto	, MD. 2121 Approximata interval Batween				
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fine) disease or condition resulting in desth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (DR AS A	CONSEDUENCE OF:	2222 Vot anter the mode et as ta	V. Nor	th Ave	BALto ratory arrest, AUTOPSY MED?	Approximata interval Batweer Onset and Dasti J J J J J J J J J J J J J J J J J J J				
MEDICAL	SHOCK, or heer failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 1446 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEDUENCE OF): CONSEDUENCE OF): CONSEDUENCE OF): Ut not resulting in	the underlying of the contract	Nor e of dying, sue	Part I. 24e. WAS AN PERFOR	AUTOPSY MED?	Approximate interval Batweer Oneet and Deeti Oneet and Deeti Oneet and Deeti Oneet and Deeti Oneet and Deeti Oneet and Deeti Oneet and Deeti Oneet One				
PHYSICIAN: MEDICAL	SHOCK, or heer failure. Li IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions HYPER + CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH STANNER OF DEATH STANNER OF DEATH	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Contributing to death by	CONSEDUENCE OF): CONSEDUENCE OF): CONSEDUENCE OF): Ut not resulting in	2222 Vot anter the mode at a f a f a f a : : : : : : : : : : : : : : : : : :	NO NO P. S. S. S. S. S. S. S. S. S. S. S. S. S.	Part I. 24e. WAS AN PERFOR	AUTOPSY MED?	Approximate interval Batween Oneet and Death 3 3 3 4 1 2 2 2 2 3 3 3 3 3 4 1 3 3 3 4 1 3 3 3 4 1 3 3 3 3				
BY PHYSICIAN: MEDICAL	SHOCK, or heer failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 1 4 4 6 7 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 3 400 27. MANNER OF DEATH	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (DR AS A CONTributing to death be CONTRIBUTED TO (OR AS A	CONSEDUENCE OF): CONSEDUENCE OF): CONSEDUENCE OF): CONSEDUENCE OF): ut not resulting in etient 3 □ OOA 4 28b. TIME INJUI At home, ferm, str	22.22 Vot anter the mode a f a f f a : : : : : : : : : : : : :	V. Nor e of dying, sue e of dying, sue e of Death for the	Part I. 24e. WAS AN PERFOR 1 VES 2	AUTOPSY MED?	Approximate interval Batween Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset on Death?				
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTributing to death be CONTRIBUTED (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Special Contributing, stc. (Special Contribution) AN: To the best of my knowless	CONSEDUENCE OF): CONSEDUENCE OF): CONSEDUENCE OF): CONSEDUENCE OF): Ut not resulting in etient 3 □ DOA □ 28b. TIME (NJU) At home, ferm, str	the underlying of the underlyi	V. Nor e of dying, sue e of dying, sue e of dying, sue e of dying, sue e of Death (c) 5 Residence w AT 77 78 2 No	Part I. 24a. WAS AN PERFOR 1 VES 2 There (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State)	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED?	Approximate interval Batween Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset on Death?				

Read St

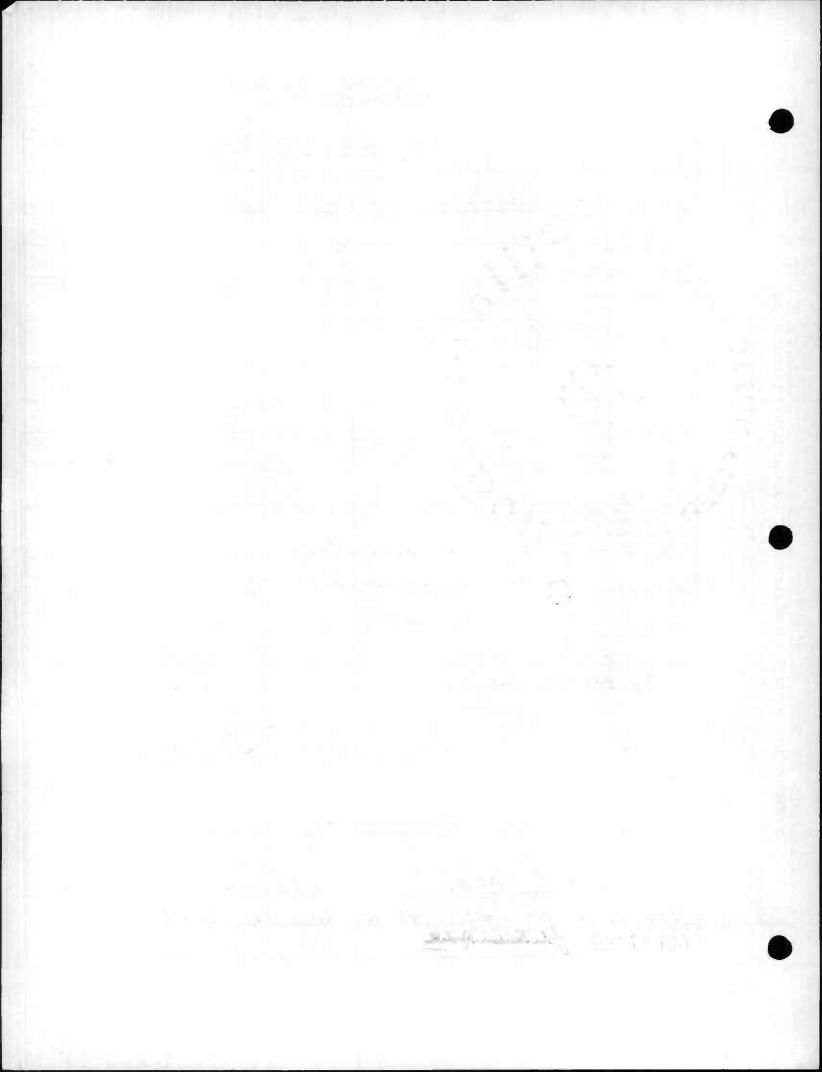
W.

21201

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 MEGISTRAR'S SCHATURE

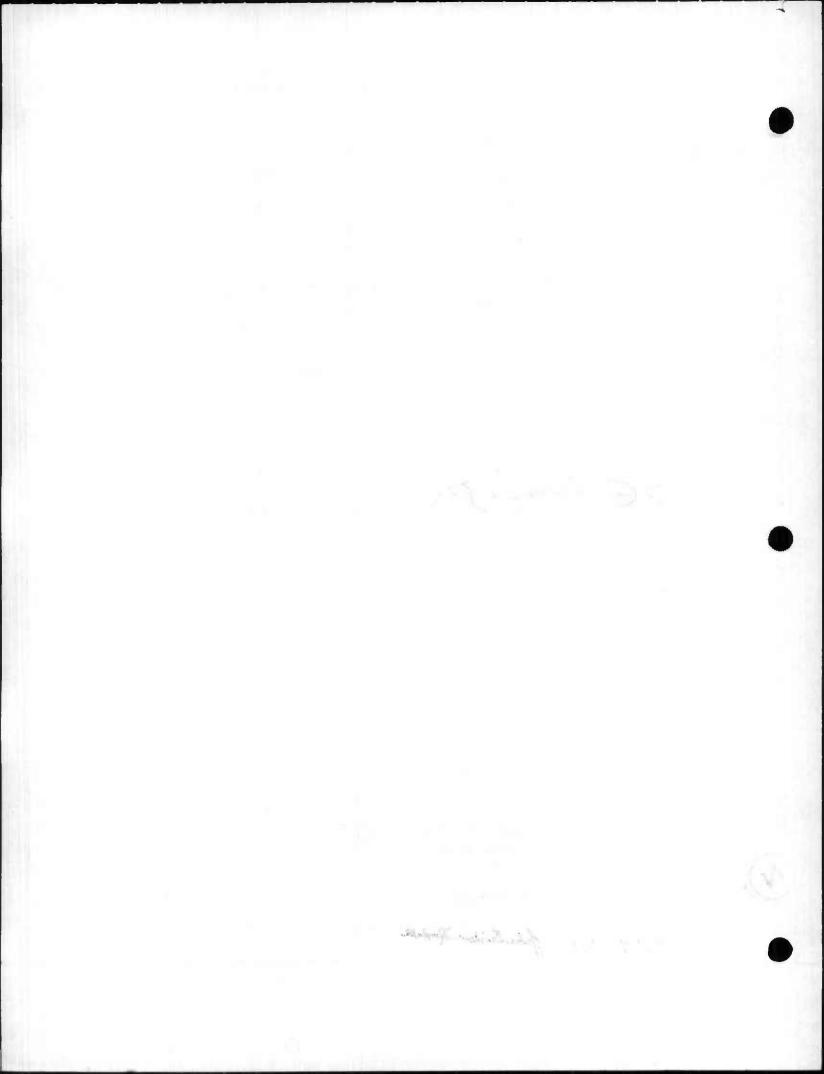
7homos F 31. DATE FILED (MORITI, Day, Year) OCT 27 1992



THE FORT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The state of the conficuency of the state of

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H		MENTA	L HYGIENI	E 🤊	6.	250	
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3.	TIME OF DE	ATH
	WILL	IAM C. DOU	JGHERTY			OCT	OBER 2	5,1992	EAR 3	:15 A	. M
			rs. last birthday)	F UNDER ! YEAR	IF UNDER 24 HRS.	7. DATE	OF BIFTH			CE (State or	Foreign
		M 2 □ F 87	YRS.	MONTHS DAYS	HOURS MIN.	MAR	CH 1,1	905 1	1ARYL	AND	
00	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN O	OR LOCATION OF D	EATH		9c. COUNTY	OF DEAT	н	
DIRECTOR	CATON MANOR NURSIN	G HOME		BAL	TIMORE						
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION				I 10	d. INSIDE CI	TY
E	MARYLAND HOW	ARD		ELKRIDG	E				100	LIMITS?	
AL	10e. STREET AND NUMBER				. ZIP CODE			10g. CITIZE		COUNTRY	
E	6400 BEECHFIELD AV	ENUE			212	227			S.A.		
FUNERAL		WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMED		ENDENT OF HISPA				BACE -	American In	dlen,
ВУ	1 Never Married 2 National 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 TYES	ecify Cuban, Mexico 2 VNO Speci		Rican, etc.)		Specify:	hita, etc.	
	15. DECEDENT'S EDUCATION					-				WHIT	E
COMPLETED	(Specify only highest grade comp	pleted)	(Give kind of v iffe. Do NOT us	USUAL OCCUPATION WORK done during mo	DN at of working	160	. KIND OF BUS	INESS/INDUS	TRY		
7	Elementary/Secondary (0-12) Co	oliege (1-4 or 5+)	MACHIN				DATI	C D O A D			
NO	17. FATNER'S NAME (First, Middle, Lest)		MACHIN	131	18. MOTHER'S NA	ME (Elm)		LROAD			
	HENRY DOUGHERTY				NORA	WEA		sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street a				State Zin Co	de)		
2	GRACE DOUGHERTY	(WIFE)		LONGVIEW						044	
	20a METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Removal	20b. PL	ACE AND DATE	F DISPOSITION (Na	me of	DAT	E 20c. LOC	ATION - CIty	or Town.	State	
	4 Donation 5 Other (Specify)	MEA	DÖWRID	EGE MEMO	RIAL PAR	K 10	/27/92 I	ORSEY	, MAR	YLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	EE V	P	22-HAME ON	M. & RU	CILITY SSET.	I. C. WI	TTZKE	FIINE	DAT U	OMES
	Musselle	with	8		TWIN KNO						
	23. PART I. Enter the diseases, or comp	plications the caused th	e death. Do n	ot entar the mo	da of dying, aud	h aa cere	diac or reapin	atory arreal	,	Approxi	
	shock, or haart failure. List IMMEDIATE CAUSE (Finel	only one ceuse on aach	line.	/ .							Between nd Death
	disease or condition resulting in death)	R	400	La, leve	-						
- 1		DUE TO (OR AS A CO	NSEQUENCE OF			/					
S	Sequentially list conditions,	A	CUD	V	Hype	Klier	a				
ĒΙ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	NSEQUENCE OF	7):	(/						
윤ᆙ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	NSEQUENCE OF	7):							
CERTIFICATION	resulting in death) LAST								į		
⋠∥	PART II. Other algnificant conditions co	ntributing to death but r	not resulting i	n the underlying	cause given in	Part i.	24a. WAS AN A PERFORM			RE AUTOPSY	
MEDIC						_	1 TES 2	D-NO	COI	APLETION OF DEATH?	CAUSE
									10	YES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
Š	EXAMINER? HO	SPITAL:		OTHER:	ACE OF DEATH (Ch						
Ĭ	27. MANNER OF DEATH	Inpatiant 2 ER/Outpaties 28a. DATE OF INJURY	28b. TIM	4 Nursing Home OF 28c. INJU			r (Specify) CRIBE NOW IN.	HIEW OCCUP	50		
2	1 Netural 5 Pending	(Month, Day, Year)	INJ	URY WOI		200. 063	CHIBE NOW IN	JOHY OCCUR	EU		
8	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY -	At home, term, s			281. LOC	ATION (Street an	d Number or I	Rural Route	Number	
	4 Homicide detarmined	building, etc. (Specify)				City	or Town, State)				100
COMPLE	29e. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN:	To the best of my knowledge	e, death occurre	d at the time, data	and place, and due	to the car	se(s) and mean	or an eleted			
	one) 2 MEDICAL EXAMINER: On								ruse(s) and	l menner as	stated.
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER		1 6	1	29c. LICENSE NUI			29d. DATE SI		1	
BE	//1	Desion la	1	se mp	A -	177	21	M. DATE SI) /	An, Day, You	2
2	30. NAME AND ADDRESS OF PERSON WHO COL		(ITEM 27) (Type,	Print)	11-1	/ ()		10	100	(7)	
	WARREN ROSS M.D. 48	301 DORSEY H	ALL DRI		TE 201B	ELL	COTT C	CITY,	MD.	21042	
	31. DATE FILED (Month, Day, Year)	ATTACHED TO A STREET	and the	-							
- 11	OCT 2 7 1992	1	•								



YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
THE DATE HOUNG PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit man, it hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	MENT OF H	EALTH AND I	MENTAL HYGIEN		4. 29042
	1. DECEDENT'S NAME (First, Middle, Last) NESTOR FLOR de	VENEGYA				2. DATE OF DEATH	AY YEA	3. TIME OF DEATH
		VENECIA	#			10 25	92	10:15 AM M
		1 (X) X(1 2 F	(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign untry)
	9a. FACILITY NAME (If not institution, give street		09	9b. CITY. TOWN C	OR LOCATION OF DE	02/25/23	9c. COUNTY O	HILIPPINES
DIRECTOR	11010 WILLOWBOTTO	M DRIVE		COLUM			HOWAR	
RE	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY
	MARYLAND HOWARI	<u> </u>	COL	UMBIA				1 TES 2/ NO
FUNERAL	11010 WILLOWBOTTON	N DDIVE			ZIP CODE			F WHAT COUNTRY?
ON		2. WAS DECEDENT EVER II	N U.S. ARMED		21044 ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	U.S.	A.
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES XX	If yes, spe	ecify Cuban, Maxican 2 NO Specify	n, Puerto Rican, etc.)	В	ACE — American Indian, lack, White, etc.
					SH/CHINE			ITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	mpleted)	(Give kind of we life. Do NOT use	ork done during mos	N st of working	16b. KIND OF BUS	SINESS/INDUSTRY	1
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	MEDICAL			EAMTIN	DD A GMT	2.77
ON	17. FATHER'S NAME (First, Middle, Last)		THEFTONE	DOCTOR	18. MOTHER'S NAM	ME (First, Middle, Maiden	PRACTI(JE
BE	GUALBERTO	deVENE	ECIA		MARCIAN			
10	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural R	loute Number, City or Town		
	ELEANOR deVENECIA	(WIFE)			TTOM DRI		BIA, MD 2	
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remova 4 Donation 6 Other (Specify)	of from State 20b	DELECT AND DATE OF THE STLAWN	DISPOSITION (Nat er place))	CATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	CESTLAWN (D ADDRESS OF FAC	0/29/92 M	ARRIOTTS	SVILLE, MD
	* Granen)+	1.4 -		LEROY	M & RUS	SELL C WIT	ZKE FUN	NERAL HOME
\dashv	23. ART VEnter the diseases, or conshock, or heart failure. Lie	DESCRIPTION TO THE PROPERTY OF	I the death Do ve	5555	TWIN KNO	LLS ROAD	COLUMBI	A,MD 21045
	IMMEDIATE CAUSE (Final diseese or condition resulting in death)	only one cause on e	men mne.			a UJ the		Approximata Interval Between Onset and Death
	a, ,	DUE TO (OR AS A	CONSEQUENCE OF)			10/4/	C8 (D)	,
NO	Sequentially list conditions, b.	DIE TO OP AS A	CONSEQUENCE OF					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE TO TON AS A	CONSEQUENCE OF)					
Ĕ	CAUSE (Disease or Injury that initieted eventa	DUE TO (OR AS A	CONSEQUENCE OF)					
	resulting in death) LAST							
AL C	PART II. Other algrifficent conditions	contributing to death be	ut not resulting in	the underlying	ceuse given in F	Part I. 24s. WAS AN	MITOPSY 2	4b. WERE AUTOPSY FINDINGS
	PART II. Other algrifficent conditions	is mell	Mus			PERFORI	WED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE
H K						1 TYES 2	NO	OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC								1 123 2 100
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF DEATH (Chec	ck only one)		
IXS!		☐ Inpatient 2 ☐ ER/Outp	atient 3 DOA 4		5 Residence 6	Other (Specify)		
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WOR	RK7	28d. DESCRIBE HOW IN	JURY OCCURED	
à l	Accident Investigation 3 Suicide	28a. PLACE OF INJURY	— At home, farm, atr		ES 2 NO	281. LOCATION (Street as	and Moranhan and Phone	
回	4 Homicide 6 Could not be determined	building, atc. (Speci	Hy)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State)	N Number of Hure	r Houte Number,
COMPLET	29a. CERTIFIER Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowle	adge, death occurred	st the time, date a	and place, and due to	o the cause(s) and man	ant an eleted	
ŏ O	one) 2 MEDICAL EXAMINER: 0	On the basis of exemination	and/or investigation,	in my opinion, de	ath occured at the ti	ime, date and place, end	due to the cause	e(a) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	MAQUI	11		29c. DICENSE NUME		29d. DATE SIGNI	
	E I ICXXX ()	IVVAIN	197/11	1/	11) 4	7915	b //	17/1/10
	4,000	4	O VI		11/2	11011	/(1/10/1/
۵ ا	30. NAME AND ADDRESS OF PERSON WHO C				11/2	1/01	7()/26/9/
۲	30. NAME AND ADDRESS OF PERSON WHO C SCOTT MAURER M.D. I		MEDICAL		9501 OLD	ANNAPOLIS	RD., EL	LICOTT CITY,

Aspenned

and the second

31. DATÉ FILED (Month, Day, Yéar)

OCT 27 1992

32. REGISTRAR'S SIGNATURE

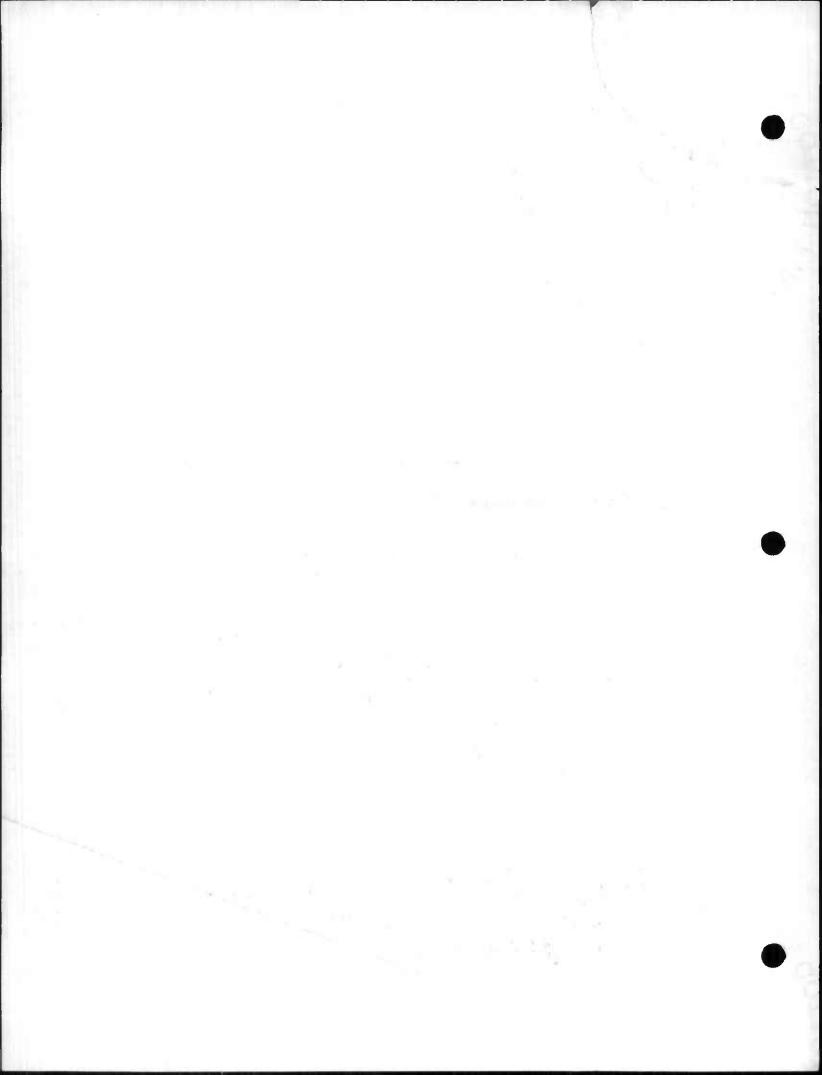
040	physician.	Parrial transmit paramit Doors 4 0 0 straight	buriar dariest permit. Fages 1, 2, 3 Should		
TOTAL PART CALL	Page 6 may be retained by the hospital or attendin	director page 5 should be detached for use as the		er must be notified at once.	
CALLINGTE, MAITENING ELETS-0020	VG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director page 5, should be detected for use as the business asserted	th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
1.70	WHILE OR ATTENDING PHYSICIAN: The law requires that t	HITCH DIRECTOR: After this certificate has been signed by	thin 72 hours after death with the State Dept. of Health and	NT: If Item 28 is marked, or item 23 shows any i	
9	TO THE	101	be filed y	-IMPORT	

											92	29843	
	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR	TMEN	T OF H	EALTH DEAT	AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
1	Helen M. Di	ıdlev				10- 23	MAY —	92	3. TIME OF DEATH 10:15pm				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)		R I YEAR	IF UNDER		7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign	
1	132-30-0225	1 🗆 M 2 🛣 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 05-04-0				
_	9a. FACILITY NAME (If not institution, give :				9b. CIT	Y, TOWN (OR LOCATIO	ON OF DE	EATH	9c. COL	UNTY OF DE		
P P	2503 Painter C	ourt			An	nap	olis			Anı	ne A	rundel	
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		100 00	v man	001004							
DIRECTOR	MD Anne	Arunde	1	Ann	apo	apolis						IOd. INSIDE CITY LIMITS?	
A A	10e. STREET AND NUMBER					101	. ZIP CODE			100 CI	1 ☑ YES 2 ☐ NO		
FUNERAL	2503 Painter C	ourt				21401				log. Cit	US		
3	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC			HC ORIGIN? (Specify Ye	a or No-		- American Indian,	
BY F	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO		If yes, spi	ecify Cubar 2 NO	n, Mexice	n, Puerto Rican, etc.)	- OI 110	Black,	White, etc.	
	3XXWidowed 4 Divorced						- 14	Opecin			Specify	White	
臣	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	/G	CEDENT'S	vork done	during mo.	ON st of working	a	16b. KIND OF BU	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	i life	Do NOT us	e retired.)			•					
×	17. FATHER'S NAME (First, Middle, Last)		5	ales	wom	en			Ret				
	Henry Brush								ME (First, Middle, Meiden	Surname)			
BE									leury				
19a. INFORMANT'S NAME (Type/Print) Bruce Dudley 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2503 Painter Court, Annapolis, MD 2140 20a. METHOD OF DISPOSITION 1							21401						
8	21. SIGNATURE OF FUNERAL SERVICE LIN	ENSEE ///					D ADDRES						
	Dalil A	all I							neral Ho Avenue,				
	23. PART I. Enter the diseases, or a	complications the	t caused the de	ath. Do n	ot enter	the mod	de of dylr	ng, auch	as cardiec or reap	iratory an	rest,	Approximate	
	shock, or heert fallure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onest and Death												
- 1	disease or condition resulting in death)	Re.	pm a	Joh	PC LBURN CANCEN								
		DUE TO	OR AS A CONSEC	DUENCE OF	1	1							
NO	Sequentially list conditions,	/VIE	TASTI	117	0	1	20	en	CAN	en			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEC	DUENCE OF):					76			
문	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEC	LIENOS OF									
E	resulting in death) LAST	502 10	ON AS A CONSEC	OENCE OF);								
S		1											
AL	PART II. Other significent condition	s contributing to	death but not re	esulting in	n the ur	nderlying	ceuse gl	ven in i	Part I. 24s. WAS AN			VERE AUTOPSY FINDINGS	
MEDICAL									1 YES 2			OMPLETION OF CAUSE	
ME												OF DEATH?	
ä									_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Che	ck only one)				
YSI	1 TES 2 NO	1 To Inpatient 2 🗆	ER/Outpatient 3		OTHE!		5 🗆 Res	idence (6 Other (Specify)				
H	27. MANNER OF DEATH	26a. DATE OF (Month, De		28b. TIME INJU		28c. INJU WOF			28d. DEŞCRIBE HOW II	NJURY OC	CURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation				М	1 🗌 Y	ES 2 🗌	NO					
0	3 Suictde 6 Could not be 4 Homicide delermined	28e. PLACE Of building,	FINJURY — Al hor nic. (Specify)	me, Jerm, at	reet, fect	lory, office			281. LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	ute Number,	
9	29a. CERTIFIER				_								
COMPLETE	(Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, der	eth occurred	d at the J	lme, date s	and place,	end due t	to the cause(a) and man	ner aa stet	led.		
8		On the beats of ax	emination end/or li	nvestigation	, in my c	pinion, de	ath occure	d at the 1	ime, data and place, an	d due to th	ne CRUSO(S)	and menner as stated.	
BE	295 GIGNATURE AND TITLE OF CERTIFIER						29c. LICEN	SE NUM	BER	29d, DAT	E SIGNED	Worth, Day, Year)	
9	30. NAME AND ADDRESS OF PERSON WHO	COMBLETCO	100				1	56	761	•	10/2	4/92	

Secretary and the secretary

92 29044

		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		22 29091
	1	1. DECEDENT'S HAME (First, Middle, Last) 'HORACE LEE EVA	NS				2. DATE OF DEATH OCTOBER 2	3, 1995	3. TIME OF DEATH 10:58 a.m.
P		4. SOCIAL SECURITY NUMBER 219-01-7354	1√x M 2 □ F 82	In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09-22-1 ((BIRTHPLACE (State or Foreign Country)
2, 3 should	TOR	96. FACILITY NAME (If not institution, give THE JOHNS HOPKINS			BALTIMO	RE CITY	ATH	Sc. COUNTY	OF DEATH MORE CITY
Pages 1,	DIRECTOR	10a. STATE 10b. COUNT Maryland			Y, TOWN OR LOCAT		-		10d. INSIDE CITY LIMITS? 1 3 YES 2 NO
nsit permit.	FUNERAL	100. STREET AND NUMBER 1718 E. Lanv	rale St.	LB	altimor	City ZIP CODE 21213			of what country?
215-0020 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, so	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No- 14.	RACE — American Indian, Black, White, etc. Specify: TO-American
T 8 5	ETED.	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of Ilfa. Do NOT us	USUAL OCCUPATION work done during more retired.)	ON set of working	16b. KIND OF BU		
YLAND 2 by the hospital be detached fo at once.	COMPL	3 rd 17. FATHER'S NAME (First, Middle, Last)	none	labo	rer	18. MOTHER'S NA	Smith ME (First, Middle, Malden		er Company
AR ained hould hould	TO BE (Thornton F	vans	19b. MAJLING	ADDRESS (Street a	Sara and Number or Rural F	h ? Number, City or Tow	m, Stute, Zip Cod	lo)
Page page	-	Victoria F 20e. METHOD OF DISPOSITION 10 Burlal 2 Cremation 3 Rem	206.		OF DISPOSITION (Na		t/Baltim	ore, Mc	
ALTIN death. Pag funeral dis		21. SIGNATURE OF FUNERAL SERVICE LI	- 1	MT.ZIC	ON CEM	in B.	Scruggs	Saltz Funera	Maryland
760, BA od within 24 nours after of completely filled in by the 1, cremation, or removal.		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Ventrice	ular I	not enter the mo	de of dying, such	brillation	iratory arrest,	Approximate Interval Between Onset and Death
P.O. BOX 687(th certificate be executed andling physician and con I Hygiene prior to buria, or other traumatic or	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. MUSCUA DUE PD (OR AS A c. SCHOM	CONSEQUENCE OF CONSEQ	wo ca	chan idiog dise	athy		one hour one years
AL RECORDS, e law requires that the dea has been signed by the atf Dept. of Health and Menta 23 shows any Injury,	MEDICAL	PART II. Other significant condition Chairles 164 Wellingstyphill	ed Gulusting to death be	Charles of the state of the sta	cy t	g cause given in reuted	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO X
产 年 報 報 看	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO	HOSPITAL: 1 Inpatient 2 NeR/Outp	atlent 3 DOA	OTHER:	ACE OF DEATH (Che			
O F SE S	ву РНУ	27. MANNEN OF DEATH 1 Matural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	URY AT HRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	60
VISIC WITENDI CITOR: A after d after d	ETED	3	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, :	street, factory, office	•	281. LOCATION (Street City or Town, State)	and Number or R	ural Route Number,
로로	COMPL	000) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowled: CR: On the basis of examination						use(s) and manner as stated.
IMPORTANT:	O BE	Mull Ru	WILL	mp	9	D36	BER (29d, DATE SIC	MED (Month, Day, Year)
~		30. NAME AND ADDRESS OF PERSON WHO	sustein N	1D -	THOPC	-601	Nº Can	line	- 21287
		OCT 27 1992	32. REGISTRAR'S SIGNI Fula Davidson Pa	nde 82					



BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 24 neurs after death. Page 6 may be retained by the hospital or attending obsistion.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	on, or removal.	the state over the same the same that he same
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If them 28 is marked or them 22 shows one injury or other teamnate who marked assembled to the team of the same than t

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	Ellison		2. DATE OF DEATH MONTH DAY	YEAR 17 32 PM				
	213-62-2450	5. SEX 6. AGE (In yrs. lest bi	(rthday) IF UNDER 1 YEAR IF UNDER 24 HRS. YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1954	BIRTHPLACE (State or Foreign Country)				
TOR	90. FACILITY NAME (If not institution, give street LIBERTY MI RESIDENCE OF DECEDENT	et end number) Edical CAR	BAITIMO	74.000	ITY OF DEATH				
DIRECTOR	10e. STATE 10b. COUNTY	1	BA / timores	9	10d. INSIDE CITY LIMITE? YES 2 NO				
FUNERAL		LETTA AVE.	101. ZIP CODE 2123	10g. CITIZ	ZEN OF WHAT COUNTRY?				
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMS FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP II yes, specify Cuben, Mexi- 1 — YES 2 Spec	en, Puerto Ricen, etc.)	14. RACE — American Indian, Black, White, etc. Specify: Black				
LETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	(Give I (Give I (He. Do	DENT'S USUAL OCCUPATION kind of work done during most of working o NOT use retired.)	16b. KIND OF BUSINESS/INO					
COMPLET	17. FATHER'S NAME (First, Middle, Last)	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme)							
BE at	19e. INFORMANT'S NAME (Type/Print)	ROBERT D. ELLISON SARAH MODRE							
TO BE	SARAH ELLISON 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2527 LAURETTA AVE. BAITO. Md								
E E	20s. METHOD OF OISPOSITION 1 Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) A Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) A Donation 5 Other (Specify)								
examiner must be	21. SIGNATURE OF FUNERAL SERVICE LICEN	C. Jones	22. NAME AND ADORESS OF F	ACILITY	Jones F.H.				
NON THE MEDICAL	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List phly one cause on each fine. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST								
AL AL	PART II. Other aignificant conditions of	contributing to death but not reau	alting in the underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE				
2 2	/ \	154			OF DEATH? 1 TYES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	26. PLACE OF GEATH (C	heck only one)					
HYS	1 YES 2 NO L	Inpatient 2 ER/Outpatient 3 1 28e. DATE OF INJURY 28	DOA 4 Nursing Home 8 Residence Bb. TIME OF 26c. INJURY AT	6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCI					
ВУ Р	1 Accident 5 Pending Investigation	(Month, Day, Year)	INJURY WORK? M 1 YES 2 NO	200. DESCRIBE NOW INJUNT OCCU	JHEO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, building, etc. (Specify)	lerm, atreet, factory, office	28I. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,				
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: (N: To the best of my knowledge, death of the basis of exemination end/or inver	occurred at the time, date end place, end du- stigation, in my opinion, death occured at the	to the ceuse(e) end menner ee state time, date end place, end due to the	d. Cause(s) end manner es stated.				
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	011- 0	29c. LICENSE NU	MBER 29d. DATE	SIGNED (Month, Day, Year)				
2	36. NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF OEATH (ITEM 27	(Type, Print)	2)	1/25752				
	Magas Gebre	MOYCOUM 1- 32. REGISTRAP'S SIGNATURE	7) 4660 wilke	us Ary Bal	15 212g				
	OCT 27 1992	one Davidson Ronde		31.					

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UTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be in	JOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page
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1 within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	, cremation, or removal.	went, the medical examiner must be notified at once.
THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	WHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de	Med within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	WFORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MA		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	92 29846		
	PEARLIN	VE C, FREI			2. DATE OF DEATH MONTH - 23-	92 3. TIME OF DEATH 4.45PM		
	4. SOCIAL SECURITY NUMBER 219-18-79	91 1×1×2 = F		UNDER t YEAR IF UNDER 24 HRS, 1THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-24-21	8. BIRTHPLACE (State or Foreign Country)		
TOR	96. FACILITY NAME (If not inditution, give street and number) SINAL HOSP OF BALTIMORE BALTIMORE PRESIDENCE OF DECEDENT 96. COUNTY OF DEATH BALTIMORE 187. COUNTY OF DEATH BALTIMORE 187. COUNTY OF DEATH BALTIMORE 188. COUNTY OF DEATH BALTIMORE 188. COUNTY OF DEATH BALTIMORE 188. COUNTY OF DEATH BALTIMORE							
DIRECTOR		BC 17 Y	10c. CITY, TO	TIMORE		10d. INSIDE CITY LIMITS? 1 Yes 2 \(\sum \) NO		
FUNERAL	100. STREET AND NUMBER 4311 BE	LVIEW AV	E	101. ZIP CODE 21 215	100	CITIZEN OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO. 15 YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexica 1 YES 2 1940 Specify	an, Puerto Rican, etc.)	or No- 14. RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDE (Specify only hig Elementary/Secondary (0-12)	S/INDUSTRY						
BE COM	17. FATHER'S NAME (First, Allquik Par Ker	Covington		18 MOTHER'S NA GEORGE	ME (First, Middle, Melden Surne E Anner M	c Neil		
2	Shejla WE	eaver	19b. MAILING AO 43/1	Belvieu Au	Route Number, City or Yours, Sta Realth, A	re, Zip Code)		
20a_METHOD OF DISPOSITION 1 Burlei 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF OISPOSITION (Name of Complete), grematory or littler place) Complete Co								
	21. SIGNATURE OF HONENAL SI	etia Elis	(AR)	22. NAME AND ADDRESS OF FA HANCH F. H	o Wabash	Ave		
	23. PART I. Entar tha diser shock, or heer IMMEDIATE CAUSE (Final disease or condition resulting in death)		on each line.	enter the mode of dying, auc		y arrest, Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):					
MEDICAL CE	PART II. Other algorificant	conditions contributing to dec	ath but not resulting in ti	ne underlying ceuse given in	Part I. 24a. WAS AN AUTO PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN:	25. WAS CASE REFERRED TO M EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (Ch				
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pen	26e. DATE OF INJ	URY 28b. TIME OF	Nursing Home 5 Residence 28c, INJURY AT WORK? M 1 YES 2 NO	8 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY	Y OCCURED		
	3 Suicide 6 Cou	28a PLACE OF IN	JURY — At home, term, stree (Specify)	t, factory, office	26t. LOCATION (Street end Nu City or Town, State)	umber or Rural Route Number,		
COMPLETED		ING PHYSICIAN: To the best of my L EXAMINER: On the basis of exami				s stated. to the cause(e) and manner se stated.		
O BE C	29b. SIGNATURE AND TITLE OF	Woluchem	, MO	29c. LICENSE NUR	MBER 29d.	DATE SIGNED (Month, Day, Year) 10-23-92		
	M.WOLU	CHEM, S	INAI HO	SP OF BA	LTIMORE	b-1		
	31. DATE FILED (Month, Day, Year,	OF CHERISTRAM'S	siengy guha	Wandson-Parlows	16 12 1 7 1 2 2			

SISIP E DINSENSE D I JONSSNAS STEINBERG STEVEN G FREEMAN PEABLINE FOUSSASS STEINBERG STEVEN G WED

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THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPIFAL OR ATTENDING PHYSICIAN: The law requires that	TO THE YOVERAL DIRECTOR: After this certificate has been signed by	be filed within 72 hours after death with the State Dept. of Health and	IMPORTANT: if Item 28 is marked, or Item 23 shows any

	FOR 1 - STATE	STATE OF MAR	YLAND / E	DEPARTME	NT OF H	REALTH AND I	MENTAL I	HYGIEN		line i	004/	
	REGISTRAR	12002		RTIFICAT				REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF		N VI	SAR 3.	TIME OF DEATH	1
		FENNELL					10	22	9	2	9:45	19 m
	4. SOCIAL SECURITY NUMBER 170-24-2643	5. SEX 6. A	GE (in yrs. lest b	YRS. HONTH	B DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	ay, Ybar)	0.	BIRTHPLA Country)	MD .	sign
	Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH							9c. COUNTY	OF DEAT	Н		
CTOR	4913 GILRAY D	R •		F	BALT	0.						
DIRECTOR	MD .	Υ		BAL?		CITY					d. INSIDE CITY LIMITS?	NO
FUNERAL	10a. STREET AND NUMBER 4913 GILRAY D	R. BALTO	•		10	21214				OF WHA	T COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARME	ED 1	3. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN?	Specify Yes			American Indian	
B	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Pue 1 YES 2 NO Specify:					n, Puerto Rici	in, etc.)		Black, W Specify:	hite, etc.	*,	
요	15, DECEDENT'S EDU (Specify only highest grade	CATION COMPRISED	16a, DECE	EDENT'S USUAL	OCCUPATION	ON	16b. KI	ND OF BUS	SINESS/INDUS	FRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) 5 +			he kind of work done during most of worlding Do NOT use relied.) LIBRARIAN LIBR.					ARIAN			
Š	O 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
STEWART SMITH EVAGELINE JAMES												
10 B								598				
	20s, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AN	DDATE OF DISP	OSITION (Na	ame of	JOATE JOATE		CATION — CHY FORD			
	21. SIGNATURE OF FUNERAL SERVICE LI		ВО		2 MAME A	NO ADDRESS OF EA	CH LTTV					
	William	R. Pares	-		49	NRY W. 05 YORK	RD.	BAL	то. 2	121		
	23. PART I. Enter the diseases, or shock, or heart fallure.	complications that cau	sed the deat	h. Do not ent	ar the mo	de of dying, suci	h as cardla	or respi	ratory arrest	,	Approximat	
	IMMEDIATE CAUSE (Final	and only one cause of	ii oacii iiio.								Onset and	
	disease or condition resulting in death)	. KEYAS	177716	COCC	2410	CA	_					
l	The second secon	DUE TO (OR A	AS A CONSEQU	ENCE OF):								
Z		a Light	EA	real ?								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (DR A	S A CONSEQU	ENCE OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C										
E	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQU	ENCE OF):								
CC	rounding in death and											
		d							-			DINGS
. 1	PART II. Other significant condition	d	h but not res	sulting in the	underlyln	g cause given in	Part I. 24	a, WAS AN			RE AUTOPSY FIN	
. 1	PART II. Other significant condition	d	h but not res	sulling in the	underlyln	g cause given in		PERFOR	MED?	CO	MPLETION OF CA	
. 1	PART II. Other significant condition	as contributing to deat	h but not res	sulting in the	underlyln	g cause given in			MED?	CO OF	MPLETION OF CA DEATH?	WSE
MEDICAL	PART II. Other significant condition	d	h but not res	uiling in the	underlyln	g cause given in		PERFOR	MED?	CO OF	MPLETION OF CA	WSE
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BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inperient 2 ERVC 28a. DATE OF INJUI (Month, Day, Yea 28a. PLACE DF INJU	Dutpetient 3 RY Pri	DOA OTHI	26. PI ER: ursing Hom 28c. INJ WO	ACE OF DEATH (Che to 5 KResidence UURY AT THK? YES 2 NO	nck only one) 6 Other (S 28d. DESCR	PERFOR YES 2 pec/ly)	NJURY OCCUR	AW CO OF	NILABLE PRIOR TO MPLETION OF CA DEATH? YES 2 MA	WSE
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E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Yes 1 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER	HOSPITAL: 1 Inpetient 2 ER/C 28s. DATE OF INJUS (Month, Day, Yes 28s. PLACE DF INJUS building, etc. (S) CIAN: To the best of my kr	Dutpatient 3 RY Pri	DOA OTHI 4 N 26b. TIME OF INJURY M	26. Pi ER: ursing Horr 28c. /NJ 1	ACE OF DEATH (Che to 5) Residence type 17 TRK? TYPES 2 NO e	eck only one) 6 Other (S 26d. DESCR 28f. LOCATI City or 1 to the cause (time, data an	PERFOR YES 2 Pecily) IBE HOW II ON (Street a own, State)	NJURY OCCUR	AMICO OO OF 1 [MLABLE PRIOR TO MPLETION OF CA DEATH? YES 2 MA	of
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/C 28s. DATE OF INJUS (Month, Day, Yes 28s. PLACE DF INJUS building, etc. (S) CIAN: To the best of my kr	Dutpatient 3 RY Pri	DOA OTHI 4 N 26b. TIME OF INJURY M	26. Pi ER: ursing Horr 28c. /NJ 1	ACE OF DEATH (Chi	eck only one) 6 Other (S 26d. DESCR 28f. LOCATI City or 1 to the cause (time, data an	PERFOR YES 2 Pecily) IBE HOW II ON (Street a own, State)	NJURY OCCUR	AMICO OO OF 1 [MLABLE PRIOR TO MPLETION OF CA DEATH? YES 2 MA	of

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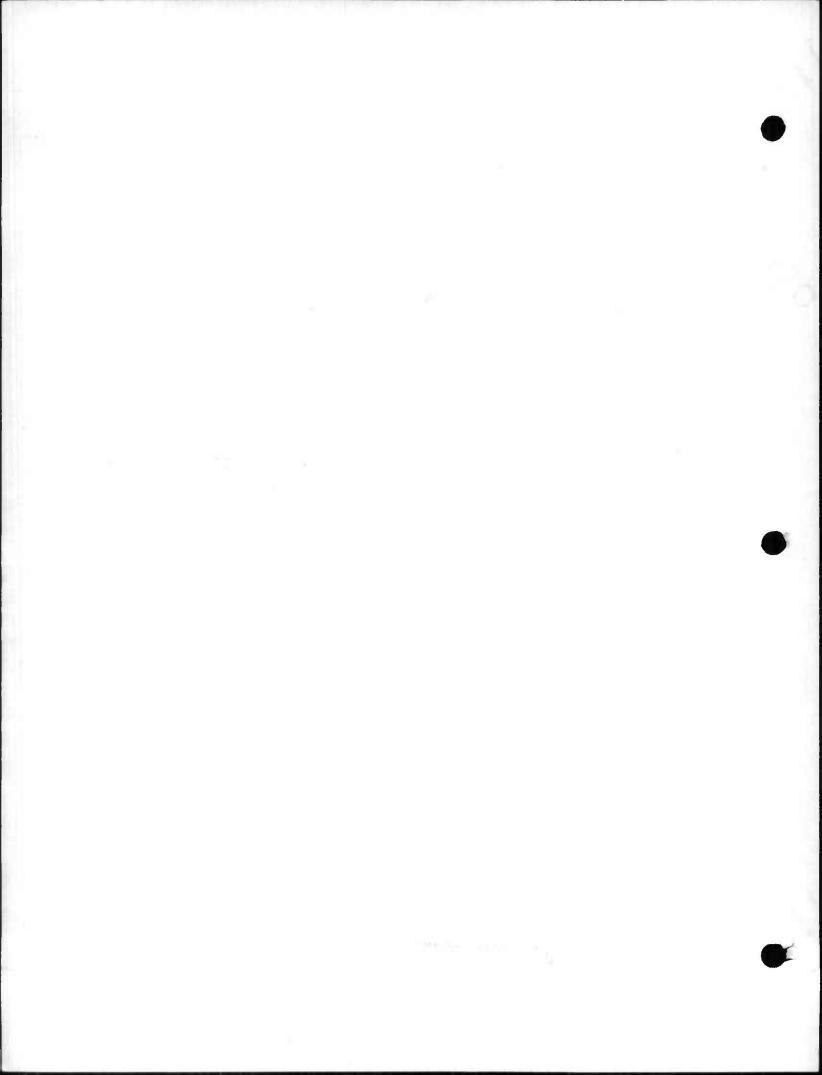
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STEPHEN

31. DATE FILED (Month, Day, Year)

PIKESVILLE

RD.



permit. Pages 1, 2, 3 should

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detached for

should be

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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IOSPITAL OR ATTENDING PRINSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be in	UNERAL DIRECTOR: Ann this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3	uthin 72 hours, they death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT. If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be n
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) DONALD FRANKLIN FINK 92 YEAR 2. DATE OF DEATH 10/25/ 3. TIME OF DEATH FRANKLIN Donald 10 5 92 7. DATE OF BIRTH (Month, Day, Year)
JULY 4, 4. SOCIAL SECURITY NUMBER S SEY 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 204-05-2382 1 XX 2 - F 78 MARYLAND 1914 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2XXNO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5456 ADDINGTON ROAD 21229 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Marr IF YES, GIVE WAR OR DATES Specify: WHITE 1 TES 27 NO Specify BY 3 Xidowed 4 Divorced WW II COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade come Elementary/Secondary (0-12) College (1-4 or 5+) 12 BUTCHER FOOD 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, ARKANSAS C. FINK notified at LAURA REID BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 JAMES R. MUDGETT (ATTORNEY) 6322 WINDSOR MILL ROAD, BALTIMORE, MARYLAND 21207 20a. METHOD OF DISPOSITION

KIX Burial 2 Cremation 3 R
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State TORRATINE PARK CEMETERY 10/29/92 WOODLAWN, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE SICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES uncela 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Possible metastatic ca and 2'ndary hyper DUE TO (OR AS A CONSEQUENCE OF): Calcemia resulting in death) Ad mittee MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Manual ont 2 ER/Outpetient 3 DOA OTHER 1 TES 2 NO 4 Nun 5 Realds nce 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Netural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) COMPLETED 3 Suicide 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exa mination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner es stated. 29b. SIGNATURE, AND TITLE OF CERTIFIER Residen BE 29c. LICENSE NUMBER AS2438528 10 9

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ATON

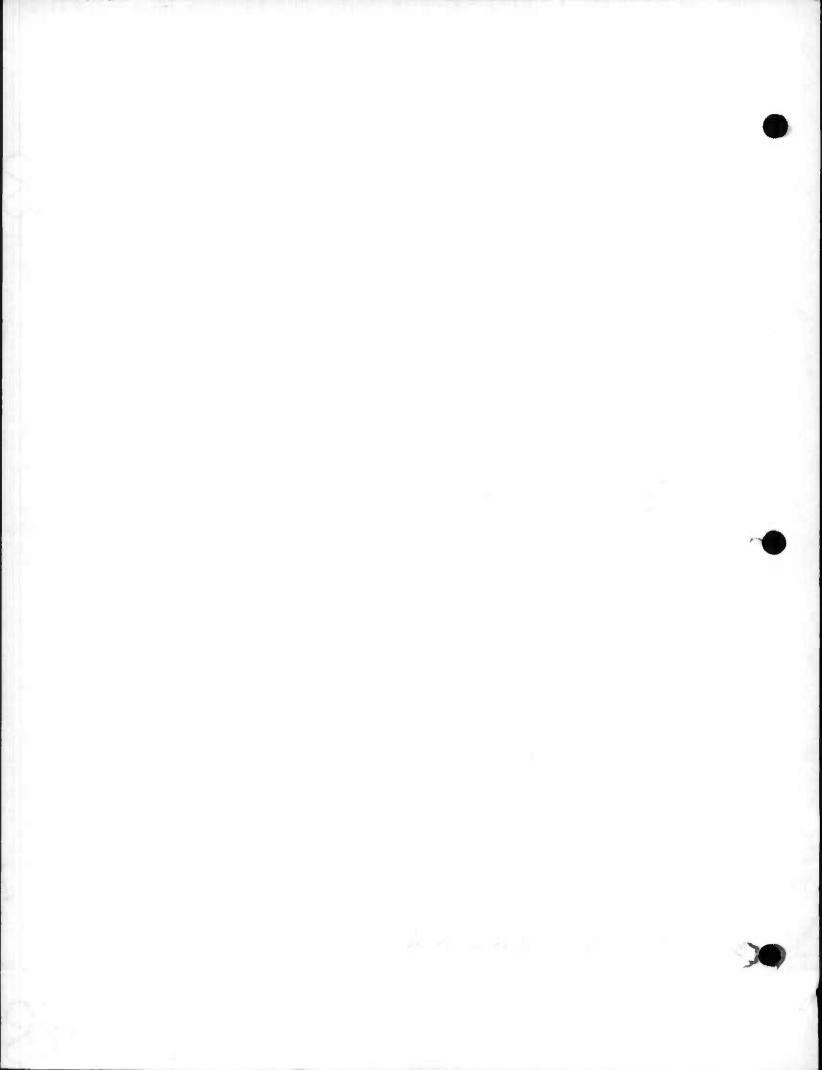
HOSPBALT

SAMPATH

30. NAME AND ADDIJESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CHARYA, MP

32. REGISTRAR'S SIGNATURE.



		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	HEALTH AND I	MENTAL HYGIEN REG. NO.		6.2043	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEA	3. TIME OF DEATH	
	- 21	George Edward	Fagan				10 17	9	2 10.15PM M	
Pir	13	4. SOCIAL SECURITY NUMBER 577-22-8119	1 🗆 M 2 🗆 F	70 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MM.	Feb. 5,19	C	Maryland	
. 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give st Montgomery Gene RESIDENCE OF DECEDENT				y Md 2		Mont	of DEATH	
physician. burial-transit permit. Pages 1, 2,	DIRECTOR	10a. STATE 10b. COUNTY		10c, CITY	ockville	TION			10d. INSIDE CITY	
permit.		Maryland Mont 100. STREET AND NUMBER	gomery			I. ZIP CODE		10g. CITIZEN	1 ♣ YES 2 ☐ NO OF WHAT COUNTRY?	
cian. -transit	FUNERAL	1622 FARRAGUT AVE	NUE 12. WAS DECEDENT EVER IN	ILIS ARMED	12 WAS DEC	20851	IIC ORIGIN? (Specify Yes	US		
as the	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ecity Cuben, Mexica 2 X NO Specify	n, Puerto Rican, etc.)	1	RACE — American Indian, Black, White, etc. Specify: White	
6 2	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us	ork done during mo	ON ast of working	166. KIND OF BUS	BINESS/INDUSTR	W	
the hospital detached for	MPL	11	0	Lan	dscaper		Nursery	7		
33 %	BE CO	17. FATHER'S NAME (First, Middle, Last) George Washington	n Fagan				AME (First, Middle, Maiden Surname) ah Mae Amonette			
within 24 hours after death. Page 6 may be retained I nipletely filled in by the funeral director, page 5 should cremation, or removal.	TO B	Paulette J. Fagar	n		as 10e	and Number or Rural F	Route Number, City or Town)	
		20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo	rval from State Cem	PLACE AND DATE Of the control of the	her place)			CATION — City of	w, Maryland	
		21. SIGNATURE OF FUNERAL SERVICE LIC	Rail	o o o o o o o o o o o o o o o o o o o	22. NAME AF	iel H. B	arber Fune	ral Ho	me 20 8 82	
	\vdash	23. PART i. Enter the diseases, or c	omplications that coused	the death. Do n	ot enter the mo	de of dving, such	nsville Ro	Layton	nsville Md.	
		shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cause on e	ach line.	A IN	pleuro	4. 1 10		Interval Between Onset and Death	
8 9 = 0	z		DUE TO (OR AS A	CONSEQUENCE OF	: Resp.	ic. tory F	::/wre			
te be executivision and coprior to burist traumatic	CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF) :					
he death certificate be e the attending physician Mental Hygiene prior to njury, or other traum	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (QR AS A	CONSEQUENCE OF	JUENCE OF):					
the deaty the att		PART II. Other significent conditions	contributing to death be	ut not resulting in	n the underiving	a cause given in	Part I. 24a, WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS	
signed by Health and Ws any Is	MEDICAL	Disseminated	Intl. 4011 U	1.0 0009	11. t. on	g coose given an	PERFOR	IMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
has been Dept. of 1 23 sho									1 YES 2 NO	
ate ate	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL: 1 Inpatient 2 ER/Outp	atient 3 DOA	OTHER:	ACE OF DEATH (Ch				
this with		27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ		28d. DESCRIBE HOW II	NJURY OCCURE	D	
HELLIN PHYSICIAN: FIGUR: After this certification and the St.	тер ву	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	At home, term, at	treet, factory, offic	•	28t. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,	
T hours	COMPLET		CIAN: To the best of my knowl							
TO THE WITHIN	BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	· · · · · · · · · · · · · · · · · · ·		, m my opinion, u	29c. LICENSE NUN 0 2 3 6 3	IBER	29d. DATE SIG	NED (Month, Day, Year)	
PERM	70	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)			1		
20		Fronk J. MAY	e. MD 16.	220 From	berek	RD ALIS	3. Goilber	burg. a	· p 20877	
		OCT 27 1992	32. BEGISTRAR'S SIGN							

BALTIMORE, MARYLAND 21215-0020

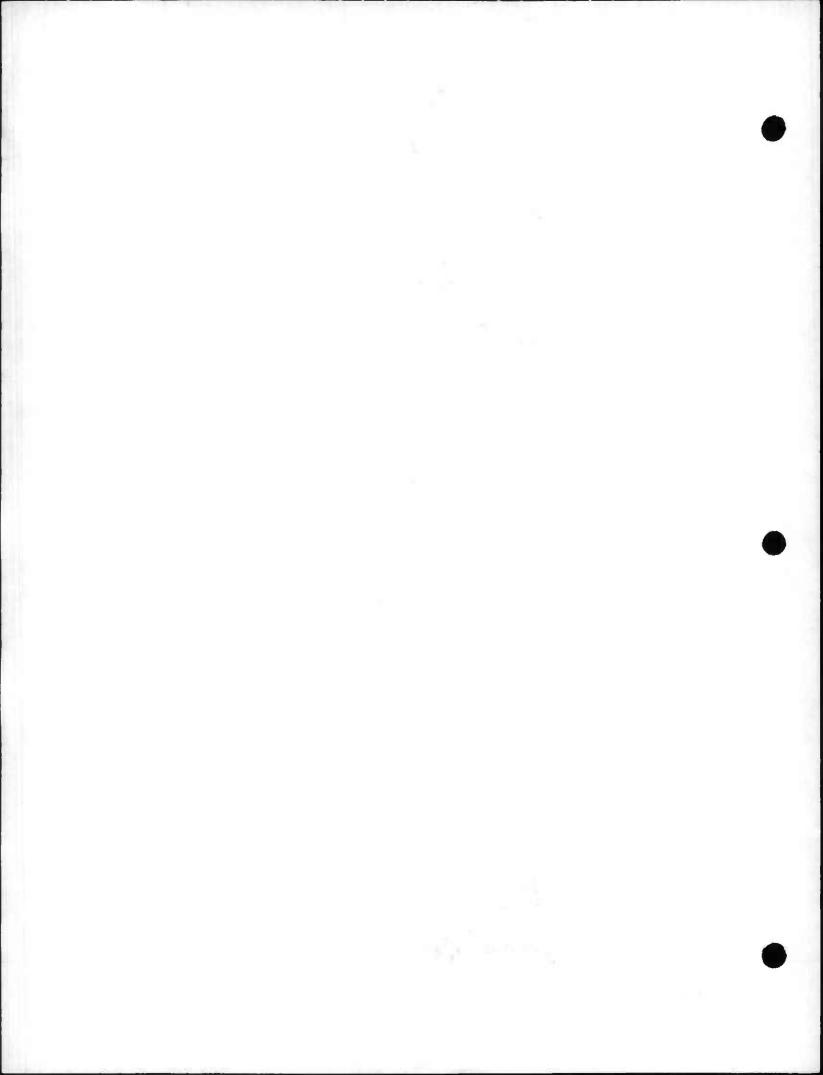
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OF ATTENDOR FOR ALTERNAL. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours the filled within 72 hours the filled within 72 hours the filled within 72 hours the filled at the filled at an example of the fi

Items 24a,b, per MEO, G-693, 11/24/92 gn

99 20050

	1 - STATE OF MARYLAND / REGISTRAR CE			HEALTH AND F DEATH	MENTAL HYGIEL REG. NO	AC	2.3030			
1	1. DECEDENT'S NAME (First, Middle, Last) AMELIA P.	GRO	тн				3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 217-48-3719 5. SEX 6. AGE (in yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS.	1.0 2 7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)			
- 1	217-48-3719 1 MXX F 83 9a. FACILITY NAME (If not institution, give street and number)	YRS.		OR LOCATION OF D	05-28		IARYLAND			
TOR	652 F. 37th Street		Balti	more Ci	tv					
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND	10c. CITY	RAT.T		CITY		10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER			Of. ZIP CODE		10g. CITIZEN OF WHAT COUNT				
FUNERAL	652 EAST 37th. STREET 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. AR	MED	12 WES D	2121	NIC ORIGIN? (Specify W		J.S.A.			
BY	1 Never Married 2 Merried XXWidowed 4 Divorced FORCES? 1 YES XXVIIIF YES, GIVE WAR OR DATES	ю	If yes,		an, Puerto Rican, etc.)	H OF NO	RACE American Indian, Black, White, etc. Specify: WHITE			
TED	(Specify only highest grade completed) (Gi	CEDENT'S we kind of w Do NOT us	USUAL OCCUPATION done during in retired.)	TION nost of working	16b. KIND OF BI	JSINESS/INDUS				
COMPLET	12		EWIFE			OWN H	IOME			
BE CO	17. FATHER'S NAME (First, Middle, Last) HARRY D. WOL	F			AROLINE		ANG			
5	190. INFORMANT'S NAME (Types/Print) RUTH A. FELKER	MAJLING 521	FREYS	RD., ED	Route Number, City or To	wn, Stata, Zip Co ARYLAN	D 21040			
	K1X Buriel 2 Cremetion 3 Removal from State	metony or of	F DISPOSITION (CATION - CH	or Town, State RE, MD. 21224			
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			AND ADDRESS OF F	ICILITY	KINS	& SONS			
_	23 PAST I Enter the disease or complications that around the de-	ath Davi		YORK	RD., BALTO	D. MD.	21212			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate interval Between Onset and Death Disease Disease Disease									
NO	Sequentially list conditions,									
ICAT	CAUSE (Disease or Injury									
CERTIFICATION	that initiated events resulting in death) LAST d.	IUENCE OF):							
CAL C	PART II. Other significant conditions contributing to death but not re	esulting is	n the underlyi	ng cause given ir	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
MEDIC					1 0 YES	1	COMPLETION OF CAUSE OF DEATH?			
N. N							1 X YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXYES 2 NO 1 Input lent 2 ER/Outpet lent 3	DOA	OTHER:	PLACE OF DEATH (C	8 Other (Specify)					
	27. MANNER OF DEATH XXX Natural 5 Pending 28e. DATE DF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. II	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED			
D BY	2 Accident Investigation	me, farm, st		YES 2 NO	281. LOCATION (Street and Number or Rural Route Number,					
	4 Homicide determined building, etc. (Specify)									
ETE!	4 Homicide determined Duilding, etc. (Specify)									
OMPLETE	building, etc. (Specify)						suse(s) and manner as stated.			
BE COMPLETED	4 Homicide determined building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or is 29b. SIGNATURE AND TITLE DF CERTIFIER			death occured at the	time, date and place, a	nd due to the co	Sube(s) and menner as stated. GNED (Month, Day, Year)			
	29e. CERTIFIER (Check only one) 29. MEDICAL EXAMINER: On the basis of examination end/or in	rweatigation	n, in my opinion,	death occured at the	time, date and place, a	nd due to the co				
BE	29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE DF CERTIFIER 29b. SIGNATURE AND TITLE DF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM	27) (Type,	n, in my opinion,	29c, LICENSE NU	time, date and place, a	29d. DATE SI	GNED (Month, Day, Year)			



BALTIMORE, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending physician.	MENTER A Start this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should mins after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ther must be notified at once.
INISION OF VITAL RECORDS, P.O. BOX 68/60, BAL	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	PRECIDE: After this certificate has been signed by the attending physician and completely filled in by the fune this after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IN SION OF VII.	H ATTENDING PHYSICIAN; Th	MECTOR: After this certificate	em 28 is marked, or iten

PHYSICIAN:

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COMPLETED

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THE MOST

92-6012-510 ITEMS: 23 PART I, 27 PER MEO G-693 11/5/92 reb 92-29851 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Thomas Grill 10 1992 7:07 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 1 M 2 | F DAYS 214-46-7913 46 4 - 1 - 46MD. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore 10b. COUNTY 10c. CITY, TOWN OF LOCATION 10d, INSIDE CITY MD. BALTO. 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1200 WINSTON AVE. BALTO. MD. 21239 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yee, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade CONSTRUCTION Elementary/Secondary (0-12) College (1-4 or 5+) 9yrs. CONSTRUCTION WORKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) THOMAS S. GRILL MILDRED PETERS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 DONALD HOCH 3012 MATHEWS ST. BALTO. MD. 21218 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State HOLY REDEEMER CEM. 10/26 BALTO. CITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS & SONS CO. · William K 4905 YORK RD. BALTO. MD. 21212. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Bety IMMEDIATE CAUSE (Final **Onset and Death** disease or condition PULMONARY THROMBOEMBOLISM resulting in death) DUE TO (OR AS A CONSEQUENCE OF) DEEP LEG VEINS THROMBOSIS MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSPOUENCE OF): that initiated events resulting in death) LAST 24a, WAS AN AUTOPSY PERFORMED?

ART II.	Other significant	conditions	contributing	to death	but not	resulting	In the	underlying	cause	given in	Part I.
							_				_

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO OF DEATH? 1 YES 2 | NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH /Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 LYES 2 NO Ing Home 5 - Residence 8 - Other (Specify) 4 Nurs 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 XX Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be

29a. CERTIFIER	
Chunk only	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated,
CHUCK ONLY	

2 😿 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

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196	SIGNATURE AND TITLE OF CENTIMEN	d 1	29c. LICENSE NUMBER	29d. DATE SIGNED (Morth, Day, Year)
1	Must- Holl	1 M	OCME	10 21 1002

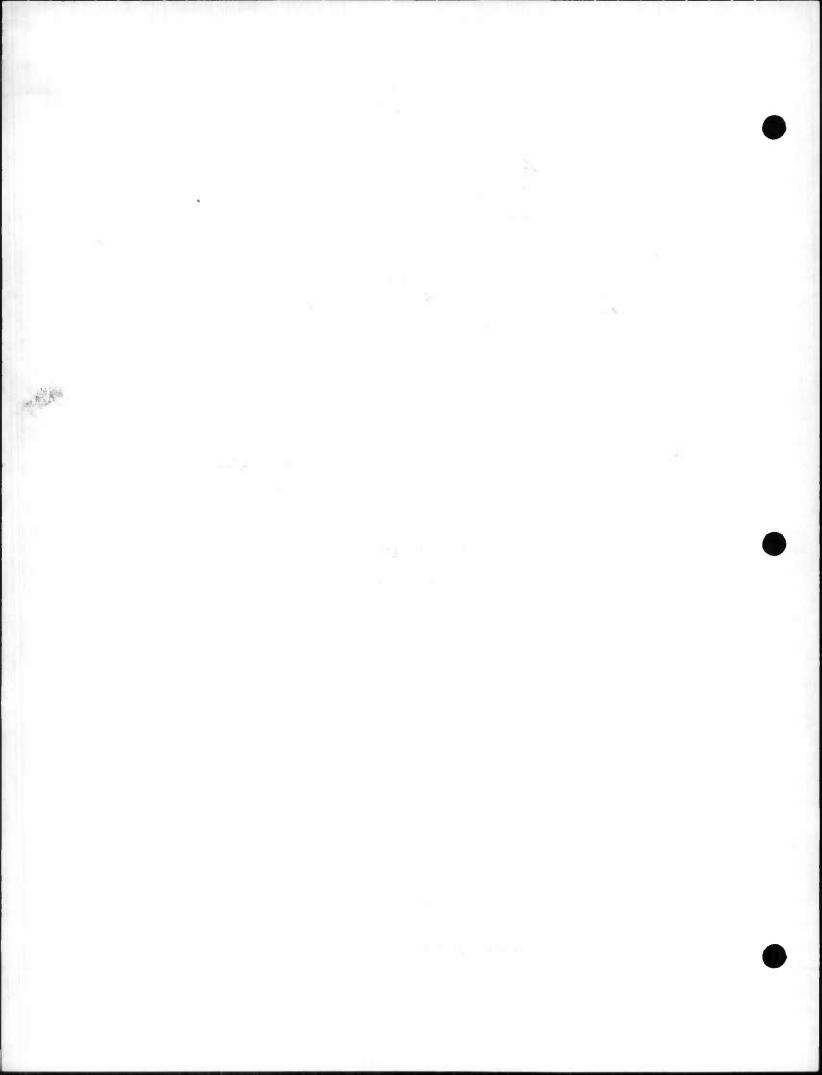
36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE/OF DEATH (ITEM 27) (Type, Print) GOL

Penn Street, Baltimore. Maryland 21201 31. DATE FILED (Month, Day, Year) Liele 1992

C.M

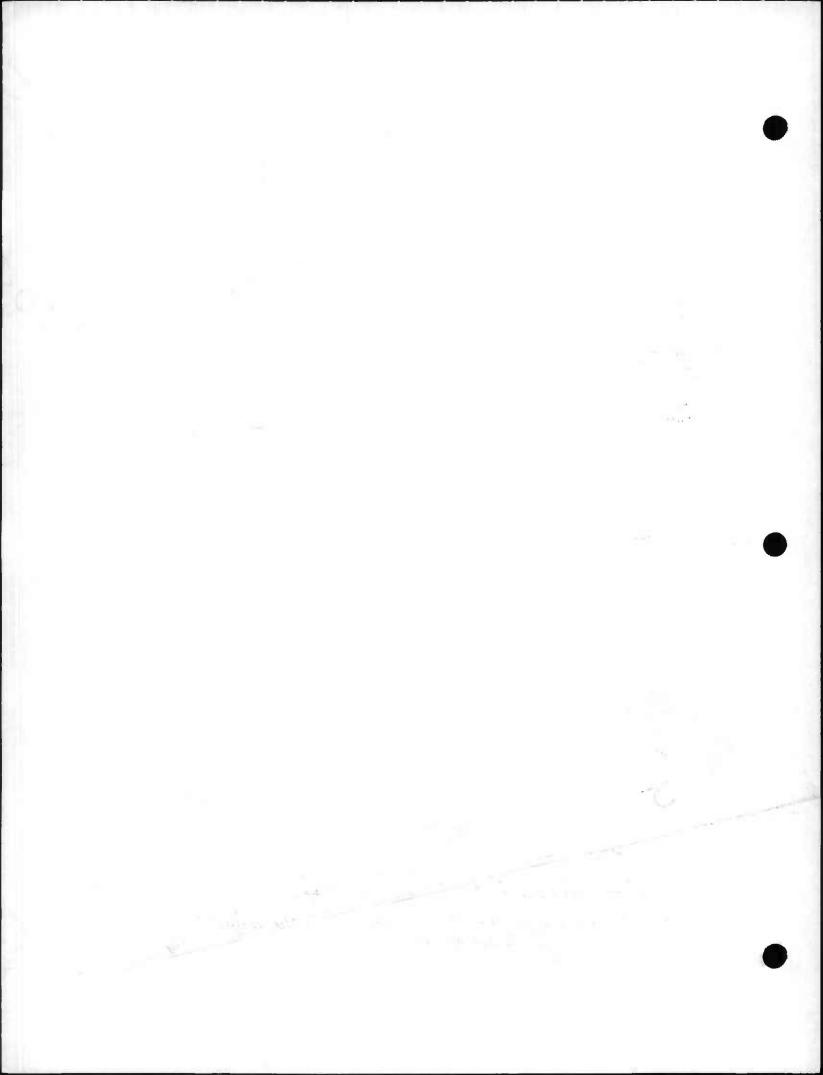
32. BEGISTRAR'S SIGNATURE

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21215-0020 al or attending physic for use as the burial	COMPLETED	15. DECEDI (Specify only hi Elementary/Secondary (0-12)	ghest grade			DECEDENT'S USU (Give kind of work life. Do NOT use re	done during m	ION lost of working
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MARY retained to 5 should	TO BE	19a. INFORMANT'S NAME (Types		,		19b. MAILING ADI	DRESS (Street	
	-	Sylvia Grav 20s. METHOD OF DISPOSITION				3700 9	-	
OF ector.		1 Densition Densition	3 Home	a		COLUMN ME		
death. Page tuneral directions.		21. SIGNATURE ON FUNERAL	ERVICE LIC	CENSEE	1			NO ADORES
BA rs after de: n by the fu removal.		WHO!	4.	Mun	m	#866		Good
filled in or in me		23. PART I. Enter the disease, or head immediate CAUSE (First disease or condition resulting in death)	failure.	List only one cause	on each II	ne.	Lun	Of Of Or
68760, accured within and completely burial, cremati, that	_		-	DUE TO (OF	AS A CONS	SEQUENCÉ OF):		
SOX 68: the be execute system and opior to burial	CATIO	Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING	te	DUE TO (OR	AS A CONS	SEQUENCE OF):		
P.O. Eth certifical ending phy I Hygiene or other	CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	1	DUE TO (OR	AS A CONS	SEQUENCE OF):		
ECORDS, uires that the dea signed by the att Health and Menta was any injury.	PHYSICIAN: MEDICAL	PART II. Other algolificant	condition	a contributing to dea	ith but no	t resulting in th	ne underlylr	ig cause gi
REC v requires been sign rt. of Heaf	: ME							
N: The law icate has be State Dept.	CIAN	25. WAS CASE REFERRED TO M EXAMINER?	EDICAL	HOSPITAL:			26. P	LACE OF DE
F VIT. SICIAN: The certificate of the State 1, or item	IXSI	1 € YES 2 □ NO 27, MANNER OF DEATH		1 Inpetient 2 ER		3 DOA 4	Nursing Hor	
ON OF Alter this ce death with I	ву рь	1 Natural 5 Pen	ding estigation	(Month, Day)	9 4	28b. TIME OF INJURY		JURY AT ORK? YES 2
VISION OF VITAL ATTENDING PHYSICIAN: The law ECUTH, Mer this certificate has it in after death with the State Dept in 28 is marked, or item 23	TED	3 Suicide 6 Cou	ild not be irmined	28a. PLACE OF IN- building, etc.	JURY — At (Specify)	home, farm, stree	t, factory, offic	20
5	COMPLE	ana)		CIAN: To the bast of my				
345	BE CC	29b. SIGNATURE AND TITLE OF			Dep	vry Mes	lices	29c, LICE
D D S M	TO B	30. NAME AND ADDRESS OF PE	RSON WH	COMPLETED CAUSE O	E DEATH (EM 27) (Type, Prin	-av	00
		PAUL A. D	1 /	KE, MA	420	3 Que	ens be	Vry K
		31 UC 1 2 2 1997	2 9	32. DEGISTRAR'S	Sparko	R.		

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DAY ZZ 9 2 Henry 24 Judga GRAY 10 8. AGE (in yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH
(Morith, Day, Year)
7 = 3/- 4/ IF UNDER 1 YEAR IF UNDER 24 HPIS. 8. BIRTHPLACE (State or Foreign 255-12-8272 DAYS HOURS Georgia 1 M 2 | F 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH Hyattsville 7/03 Glen Ridge Drive PRINCE GEORGEV Landover Hills RESIDENCE OF DECEDENT Hyattsville 10d, INSIDE CITY AHS 1 TYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA HISPANIC ORIGIN? (Specify Yes or No., Mexican, Puerlo Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: Black 166. KIND OF BUSINESS/INDUSTRY Giant Food ER'S NAME (First, Middle, Malden Surname) via Gray Ward or #906 ; City or Town, State, Zip Code) #909 Wash.,DC 20032 20c. LOCATION — City or Town, State
Suitland, MD tery Mason Funeral Home, Inc. Hope Road, S.E. Wash., DC 20020 ng, such as cardiac or respiratory arrest, Approximata Interval Between Onset and Death ven in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO ATH (Check only one) idence & C Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) and due to the cause(s) and menner se stated. d at the time, date and place, and due to the cause(s) and manner as atsted. 29d. DATE SIGNED (Month, Day, Year) 1852 110-22-92 2d HyaTTSville MD 20781



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NOT ATTINDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

WHEITER: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should how sain the State Dept. of Health and Mental hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN REG. NO.		. 2000	
1	1. DECEDENT'S NAME (First, Middle, Last)	Middle, Last)					NY YEAR	3. TIME OF DEATH	
	NANCY S.	GORMAN			5 92				
	4. SOCIAL SECURITY NUMBER 156–16–8770		(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Fore Country) 9/17/22 New York			
	9a. FACILITY NAME (If not institution, give s	,			OR LOCATION OF D		9c. COUNTY O		
DIRECTOR	North Arundel Ho	ospital		Glen	Burnie		Anne .	Arundel	
EC	10a. STATE 10b. COUNT	Υ	10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY	
님	Maryland Anne	e Arundel		Glen Bu	rnie			1 VES 2 NO	
A	10a. STREET AND NUMBER			1	Y. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
FUNERAL	8081 Budding Bra	~			21061		U.S	.A.	
B✓	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:			В	ACE — American Indian, lack, White, etc. pecify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPAT		16b. KIND OF BUS	HNESS/INDUSTR	Y	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT us	n retired.)	out or warning			7.	
MP	17. FATHER'S NAME (First, Middle, Last)	2 years	Teache	r	1	Educa			
	William A. Spel	lman				AME (First, Middle, Melden Medlong	Surneme)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	1	Route Number, City or Tow	n. State. Zio Code	0.000	
5	Peter J. Gorman	1						21061 Burnie, Md.	
1	20a. METHOD OF DISPOSITION	20b	PLACE AND DATE O	F DISPOSITION //	ame of	DATE 20c LO	CATION — City or	Town, State	
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		ownsvill			ery 10/28	Crowns	ville, Md.	
	21. SIGNATURE/OF FUNERAL SERVICE LI	CENSEE /			NO ADDRESS OF F	.ck Funeral	Ilomo		
\Box	23. PART I. Enter the diseases, or	augh	<u></u>		rain Hwy	S.E. Gle	n Burni	e. Md. 21061	
NOI	shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions,	a. Due to ton as a	COMMEQUENCE OF	C AN	CER			Approximate Interval Batween Oriest and Death Omnor	
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST								
MEDICAL	PART II. Other significant condition	as contributing to death b	ut not resulting i	n the underlyis	g cause given in	Part I. 24s. WAS AN PERFOR	MED?	Ab. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY	
Σ						-	- 1	1 □ YES 2_2/No	
IAN	25. WAS CASE REFERRED TO MEDICAL			26. 7	LACE OF DEATH (C)	teck only one)			
PHYSICIAN:	1 VES 2 (SO	HOSPITAL:	nations 2 DOA	OTHER:	ne 5 🗆 Hesidence	6 [] Other (Specify)			
Ě	27. MANHEN OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		JURY AT	28d. DESCRIBE HOW I	NURY OCCURED		
BY	1 Accident S Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
	3 Suicide 6 Could not-be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Faute Number, City or Town, State)							wi Pitsule Mumber,	
COMPLETED	Control trails	ICIAN: To the best of my know IR: On the besig of examination	and the second	and the second service of the second second		e to the cause(s) and man time, date and place, an		re(s) and manner as stated.	
TO BE C	296. SIGNATURE AND TYPLE OF CENTIFIE	q gr	age		D 2	2094 6D	294. DATE SIGH	125/91	
[]	30. NAME AND ADDRESS OF PERSON WH				0 "000	01 511 511	7	ND 04051	
	31. DATE FILED (Month, Day, Year)			WUUD R	U. #203	B GLEN BU	KNIE,	MD 21061	
	DCT 27 1992 8	12 Davidson-Man	المعاقك						

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filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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31. DATE FILEO (Month, Day, Year) 27 1992

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) Mary Greenway 2. DATE OF DEATH 3 TIME OF DEATH VEAR 1 40 24 0 4. SOCIAL SECURITY NUMBER B. BIRTHPLACE (State or Foreign Country) Kentucky 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 217-26-4 1 M 2 FF 20 Se. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SECOKR DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY M 1 YES 2 | NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? (1) US 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—II yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White etc. 1 Never Married 2 Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 8+) spoiler operator Plastics Plant notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Nally Bessie Wahl 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 8377 W. B & A Blvd. Severn, MD Iva Paschke 21144 must be 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION --- City or Town, State DATE Metro Crematory Baltimore, examiner 21. SIGNATURE OF FUNDRAL SURVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. Ridgely Ave. 21401 Annapolis, MD event, the medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one ceuse on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept, of Health and Mental Hygiene prior to burial, crematic DUE TO (OR AS A CONSEQUENCE/OF): other traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO OR AS A CONSECU that initiated events resulting in death) LAST 6 amy injury, PART II. Other significant conditions contributing to deeth but not 24a. WAS AN AUTOPSY PERFORMED? resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? shows a 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item 2 26. PLACE DF DEATH (Ch HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 1 NO e 5 🗆 Raeldence 6 Other (Specify) 0 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? is marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY М 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Homicide IMPORTANT: If item 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Sr 45

32 HEGISTRAN'S TONATHE

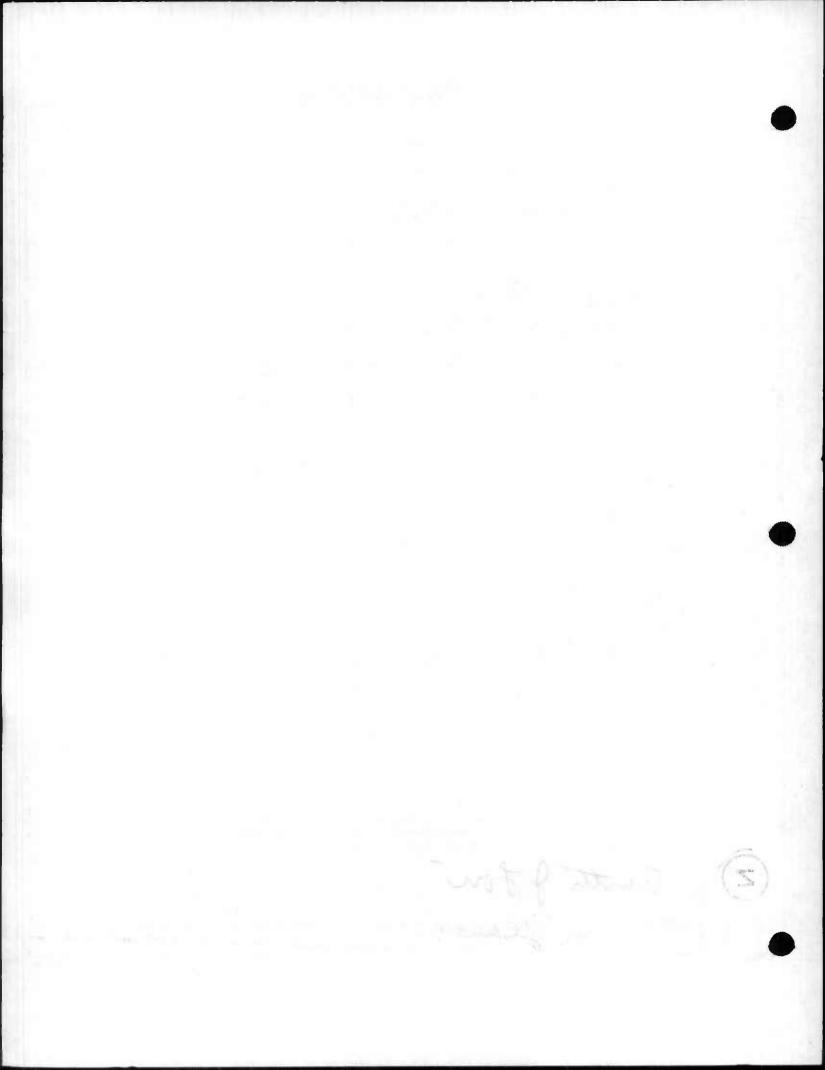
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	PRAL DIRECTOR After this certificate has been agreed by the attending physician and completely fined in by the fameral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.		
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	ENT OF HEALT	H AND MEN	TAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Shar	ron L	•	Hawkin	1S 2. D	onth October 2:	3, 199	3. TIME OF DEATH 2 9:05am M
	4. SOCIAL SECURITY NUMBER 118-44-7033	1 🗆 M 2 💢 F	39 YRS: MOI	UNDER 1 YEAR IF UND ITHE DAYS HOURS	ATE OF BIRTH Forth, Day, Year) -9-1953	8. BIRTH Countr	PLACE (State or Foreign V)	
TOR	90. FACILITY NAME (If not institution, give a Maryland General Residence of Decement	•		Baltin	nore Cit	1000	COUNTY OF D	EATH
DIRECTOR	10a. STATE 10b. COUNTY			IMORE			10d. INSIDE CITY LIMITS? 1 🖾 YES 2 🗌 NO	
FUNERAL	1105 Clendenin S			101. ZIP CODE 10g. CI				WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 [X] NO	13. WAS DECENDENT If yes, specify Cui 1 YES 2 N	ban, Mexican, Pue	HGIN? (Specify Yes or No orto Rican, etc.)	o- 14. RACE — American Indian, Black, White, etc. Specify: Black	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed) Cotlege (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use rel	work done during most of working				
BE CO	17. FATHER'S NAME (First, Middle, Last) George M. Hawkir 190. INFORMANT'S NAME (Type/Print)		Sh	irley M				
2	Sherry Williams					Baltimore,		
	1 Di Burlai 2 Ceremetion 3 Reme 4 Donation 5 Other (Specify)	ovel from State Co	b. PLACE AND DATE OF DI metery, crematory or other p Western	Star Cemet	ery 10 H West	2792 Cato	onsvil	22/23/1
	23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, ahock, of final disease or condition resulting in death) Upper Gastrointestinal bleed Due to (or as a consequence of):							
HILLAHON	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):						
5	PART II. Other eignificant condition	a contributing to death	but not resulting in th	e underlying cause	given in Part I	. 24a. WAS AN AUTOR	PSV 24h	WERE AUTOPSY PINDINGS
MEDICAL		End sta	ge liver di	sease		PERFORMED?	No.	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL			26 PLACE OF	DEATH (Check only	k om		1 YES 2 NO
PHYSICIAN	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 N Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)		HER: Nursing Home 5 1 28c. INJURY AT	Residence 6 🗆 0	, , , , , , , , , , , , , , , , , , , ,	OCCURED	
ED 81	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, atc. (Spe	M 1 TYES 2	WORK? 1 YES 2 NO			loute Number,	
OMPLE		CIAN: To the best of my know) and menner as stated.
0 00	296. SIGNATURE AND TITLE OF CERTIFIER	J Low	5	29c. LK	D 240	29d.	DATE SIGNED	(Month, Day, Year) 23/92
	30. NAME AND ADDRESS OF PERSON WHO Timothy Low, M	.Ď.	c/o Mary	land Gene	ral Hos	pital		
	31. DATE FILED (Month, Day Year) 992	32 REGISTIAN'S SIGN	NATURE INCOME					



Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF MA		DEPAR ERTIF						GIEN	E S)2	29055	
	1. DECEDENT'S NAME (First, Middle, Leat)								2. DATE OF DE	_		YEAR	3. TIME OF DEATH	
	HEXENT BARBA	RA HEIGI	MONTH /	8-40A M										
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. les	l birthday)		R 1 YEAR	IF UNDER		7. DATE OF BIR			2. BIRTH	IPLACE (State or Foreign	
	217-60-3288	1 🗆 M 2 😾 F	40	YRS.	MONTHS	DAYS	HOURS	MIN.	12-19] Coun		ARYLAND	
	9e. FACILITY NAME (If not institution, give stre	eet and number)			9b. CIT	Y, TOWN C	R LOCATI	ON OF D					TY OF OEATH	
8	CHURCH HOSPITA	L CORPOR	RATION	0	BZ	T.T.	MORI	e C1	ΓͲΥ					
[등]	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY										11	One		
DIRECTOR	MARYLAND NON	NE		10c. CIT	Y, TOWN	OR LOCAT		ALT	IMORE	CI	ΓY		10d. INSIOE CITY LIMITS? TV YES 2 NO	
FUNERAL	10e, STREET AND NUMBER					101	ZIP CODE	E			10g. CIT	IZEN OF Y	VHAT COUNTRY?	
🖺	1434 N. Eden	St.						21	213		LINI	TOPI	ITED STATES	
5	11. MARITAL STATUS	12. WAS DECEDENT			12.	WAS DEC	ENDENT C	F NISPA	NIC ORIGIN? (Spec	Ify Yes		14. RACE	- American Indian,	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 [OR DATES	10			25 NO		n, Puerto Rican, a	tc.)		Speci	k, White, etc.	
							A-						AFRO AMERICAN	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	(G	CEDENT'S	work done	during mo:	N st of workin	a	16b, KIND (OF BUS	SINESS/INC	DUSTRY		
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	se retired.)			•						
물	9TH	none	Su	perv	iso	r			Vet	era	ans	Ware	ehouse	
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Middle, I	Aeiden	Sumeme)			
B	Wilbert He	ight					_ B	ern	ice Gr	and	lber	rv		
2	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRES	S (Street e	nd Number	or Rural	Route Number, City	nber, City or Town, State, Zip Code)				
	B.Jacqui Heigh	t		1200	St	. Pa	ul	St.	Apt.	4F	Ва	lto	Md.21201	
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove	ral from State	20b. PLACE A	AND DATE	OF DISPO	SITION (Na	me of		DATE 2		CATION —			
	4 Donation 5 Other (Specify)		Mt, Z	ion						Ba	alto	. Mo	i.	
18	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /		0			D ADDRES			17.		-1 I	Ioma	
	lahin K	Cru	CAO.	200	1	412 417		. D	cruggs	r t	ner	al I	d. 21213	
	23. PART i. Enter the diseases, or co	mplications thef	adsed the de	ath. Do r	not ente	the mo	de of dyl	ng, auc	h aa cardiac or	reapi	retory an	rest.	Approximate	
	anock, or heer failure. List only one cause on each line.													
	disease or condition	LIV	PAILURE 17:							Onset and Death				
	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Onset an Onset and Or Consequence of the Consequenc												02/40	
2		(cirrosis) YEARS												
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEC	DUENCE OF	F):			CIL	LOSIS			1	7-13	
3	Cause. Enter UNDERLYING CAUSE (Disease or Injury	A	100	Ho.	61	SM		(> 1	coholi	~ m 1	1		4	
Ē	that initiated eventa	DUE TO (O	R AS A CONSEC	UENCE OF	F):			tar.	COHOLL	51II.)			`	
E	resulting in death) LAST													
O	PART II Other significant on differen													
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions	1. 6 %				nderlying	ceuse g	iven in	Part i. 24a, W	AS AN	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
ŏ	TICO HOSE	7)121	(drug	abu	se)				101	ES 2	NO NO		OF DEATH?	
×	JAR 40(1)	0715	(sarco	oino	sis)							1 - YES 2 - NO	
ä														
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DI	EATH (Ch	eck only one)					
14S		1 Inpatient 2 E			4 🗆 Nu	aing Nome		sidence	8 - Other (Specif	y)				
표	27. MANNER OF DEATN 1 Netural 5 Pending	28s. DATE OF IN (Month, Day,		28b. TIM INJ	URY	28c. INJU	RK?		28d. DESCRIBE	HOW IN	JURY OCC	CURED		
2 Accident Investigation M 1 YES 2 NO														
E	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF II building, ato	NJURY — At hou :. (Specify)	me, term, i	street, fec	lory, office			28f. LOCATION (S City or Town,	Street e State)	nd Number	or Rural R	oute Number,	
Li,							_							
로	29a. CERTIFIER 1 CERTIFYING PHYSICI													
COMPLET	000) 2 MEDICAL EXAMINER:	On the basis of exam	nination end/or is	nvestigatio	n, in my o	opinion, de	eth occun	ed at the	time, date and pla	ce, end	due to th	e ceuse(s	and manner se stated.	
w	296. SIGNATURE AND TITLE OF CERTIFIER	^		_			29c. LICE	NSE NUA	ABER		29d. DATI	E SIGNED	(Month, Day, Year)	
8	10-1/2	Vare	m	~	0		01	7	3 22	2	1/	0/	26192	
2	30. NAME AND ADDRESS OF PERSON WHO	COLUMN STATE STATES			_					_		-	- (

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHURCH HOSPITAL CORPORATION

100 N.

BROADWAY BALTIMORE, MARYLAND 21231

NAZEMI, M. D.

32. REGISTRAR'S SIGNATURE

DR. ATAOLLAH 21. DATE FILED (Month, Day, Year)

OCT 27 1992

sumplementally general points

DIVISION OF VITAL RECORDS, T.O. DON 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Institute death. Page 6 may be retained by the hospital or attending physician.	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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										92	29057
FOR 1 - STATE REGISTRAR	STATE OF MA					ALTH AND DEATH	MENTA	L HYGIEN REG. NO.	E		,
1. DECEDENT'S NAME (First, Middle, Last)		11.11	1				2. DATE	OF DEATH	IA.	YEAR	3. TIME OF DEATN
Arcenius EUGE	-NE	HAL					1	0-19		12	4 A M
1 1 2 1 1 2 2 2 2 1 1 1 1 1 1 2 2 2 2 1 1 1		S. AGE (In yrs. las		IF UNDER 1		IF UNDER 24 HRS.		OF BIRTH		8. BIRTHI	PLACE (State or Foreign
216-82-6347	M 2 🗆 F	46	YRS.			THOUSE MANY.	01	-31-	47	Mar	yland
9a. FACILITY NAME (If not institution, give stree	t and number)			9b. CITY,	TOWN OF	LOCATION OF	DEATH			JNTY OF DE	
BAltimore Count	y Gen.	Hospi	tal						Ra	ndal	lstown
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c, CITY	, TOWN OF	R LOCATIO	ON				Т	10d. INSIDE CITY
MD. Balti	more Co	11n+17									LIMITS?
100. STREET AND NUMBER	more co	Juney	~		101.	ZIP COOE			10a. Cl	TIZEN OF W	HAT COUNTRY?
ROSEWOOD STATE	IIOODTI	77 7			1000	21117	ı			USA	
	HOSPI		MED	13 W	MS DECE	NDENT OF HISP		N2 (Specify Ver	or No.		
1 Never Married 2 Married	FORCES? 1	YES 2		11	yes, spec	offy Cuban, Maxi	Ican, Puarto	Rican, atc.)	OF NO		— American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1	☐ YES	2 🔀 NO Spec	clfy:			Specif	Black
15. DECEDENT'S EDUCAT		18a. DE	CEDENT'S	USUAL OC	CUPATION	4	16	b. KIND OF BUS	SINESS/IN		Drack
(Specify only highest grede con Elamentary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(G life.	ive kind of w Do NOT us	rork done di e retired.)	uring most	or working					
			Disa	bil:	ity						
17. FATNER'S NAME (First, Middle, Last)						16. MOTHER'S			,		
Arcenius Hall					ł	Beu	ılah	Arrin	gto	n	
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADORESS	(Street an	d Number or Run	el Route Nun	nber, City or Tow	n, State, Z	ip Code)	
Marie Hall		1	914	N. 3	Fult	ton Av	e, E	Balto,	MD	. 21	217
20a. METHOD OF DISPOSITION	d doors Oded-	20b. PLACE	OF DISPOS	ITION (Nan	ne of cem	etery, crematory o	ν	20c. LO	CATION -	- City or To	wn, Blata
1 M Buriel 2 ☐ Cremation 3 ☐ Ramova 4 ☐ Donation 6 ☐ Other (Specify)	N from Stata	West	ern	Sta	r		10/2	24 Ba	lto	Co.	,Md.
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Pu	ss		J	osei	oh L.	Russ	Fune	ral	Hom	e wa 233
23. PART/I) Enter the diseeses, or cor	nnilostinas that	anused the de	oth Do -								o.,Md. 212
shock, or heert fellure. Lis	t only one caus	e on each line		ot enter	tne moo	e or dying, s	uch se cei	diec or reep	iratory s	rreet,	Approximate interval Between
IMMEDIATE CAUSE (Final disease or condition		651	2/6	2							Onset and Death
resulting in deeth) e.		DET	2/.	5		er B					
	OUE TO (TA / TO CONSE	OUENCE OF	7: 12 T	17	-16					
Sequentially list conditions, b.	OUF TO (OR AS A CONSE	OUENCE OF	14 1	1/	13					
If sny, leading to immediate cause. Enter UNDERLYING	If any, leading to immediate										į
CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A CONSE	QUENCE OF): /Y	eccr	- Int	LSE				+
resulting in deeth) LAST	M	ITRA	L.	STE	=Ne	1515					
				-							
PART II. Other significent conditions					derlying	cause given	in Part i.	24a. WAS AN PERFOI		7 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Mentas SETTU	Ke to	INDA	1/0/					1 TYES 2	NO		OF DEATH?
SETTU	RES_							'			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH	Check only	one)			
YES 2 NO	Inpetient 2	ER/Outpatient 3	□ DOA	OTHER		5 - Residence	00 6 Oth	er (Specify)			
WE WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 26. PLACE OF DEATN (Check only one) 27. MANNER OF DEATH 28. OATE OF INJURY (Mortin, Day, Year) 28. INJURY AT WORK?											
Accident Investigation Accident M 1 YES 2 NO											
									loute Number,		
4 Nomicide determined	January, a	((OII.	y or rown, crette,			
29e. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of r	ny knowledge, de	eath occum	ed at the fi	me, date	and place, and d	tue to the c	euse(s) and me	nner aa s	tated.	
and and) and menner as stated.
296. SIGNATURE AND TITLE OF CENTIFIER	1					29c. LICENSE N					(Month, Day, Year)
/(//	ul	- M	D			カシ	716	77	D	10 -	-19-92
(0)											

30. NAME AND ADDRESS OF PERSON WIO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

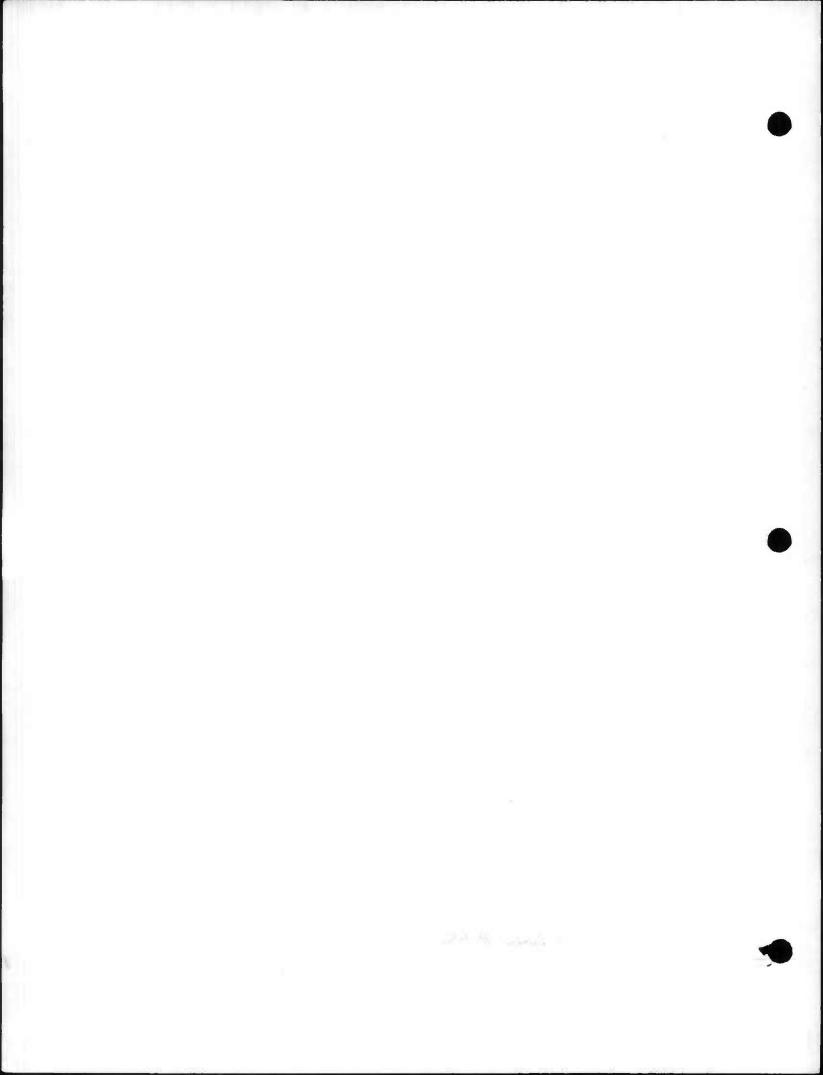
RAYNOLD DEPETIRE

31. DATE FILED (Month, Day, Year)

S2. REGISTRAD SIGNAFURE

DCT 2 7 1992

June 1992



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THE PLAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

To rife RowseAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAF ERTIF	ITMENT OF	HEALTH	AND I	MENTAL	HYGIEN REG. NO		92	29050	
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE C	F DEATH	MY	YEAR	3. TIME OF DEATH	
	DOROTHY HINES 4. SOCIAL SECURITY NUMBER			10 00			10	1/29 M					
		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS	MIN.	7. DATE O (Month,	Day, Year)		8. BIRTHP Country,	PLACE (State or Foreign	
	219-10-1026	_ X	91	Tho.	Oh CITY TOWN	OBLOCAT	ON OF DE	Aug.	19	1901		th Carolina	
H	98. FACILITY NAME (1) POSPITAL COUNTY OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH											AIH	
5	RESIDENCE OF DECEDENT	T. X											
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN OR LOC					3	10d. INSIDE CITY LIMITS?		
	104. STREET AND NUMBER	more Cou	mty	Mic	dle Riv	er or, zip coo	-			1 10 000	1 TYES 2		
FUNERAL	305 Farwind Driv	n Ant 2	A			21220				HAT COUNTRY?			
ON	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.AR	MED	13. WAS DI	CENDENT	OF HISPAN	NIC ORIGIN?	(Specify Ye	U. S	14. RACE	- American Indian,	
BY F	Never Married 2 Married		YES 2 1	10	If yes,	s 2 N NO	n, Mexica	nn, Puerto Ri	cen, etc.)		Black, Specify	White, atc.	
												White	
TE	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G	CEDENT'S ive kind of a Do NOT us	USUAL OCCUPAT work done during r	TION nost of worki	ng	166. 1	(IND OF BU	SINESS/IND	USTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ise W				U.					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1101	ise n	TTE	16. MOT	HER'S NA	ME (First, Mi	me ddle, Malden	Sumame)			
BE C	William R. Bair	d				Mae	LA :	lma F	rown				
TO E	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street			Route Numbe	r, City or Tow	rn, State, Zip	Code)		
_	Farrell Maddox 5807 Pine Hill Drive White Marsh, Maryland 2110												
	20a. METHOD OF DISPOSITION 1/A Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State												
	M. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- Ebener	er M	22. NAME	AND ADDRE	SS OF FA)/24/J	992	Balt	o. Co	Md.	
	More F	under	make	>	Bruzd	zinsk	ci Fu	mera]	Home	e PA			
	23. PART i. Enter the diseases, or o	omplications the	et caused the de	ath. Do i	11407 not enter the m	ede of dy	ing, suc	venue	c or reso	sex.	Mary]	Approximata	
	shock, or heart fellure.	List only one csu	use on each line									interval Between Onset and Death	
	disease or condition resulting (n desth) s. C. Aury Rutura												
	DUE TO (OR AS A CONSEDUENCE OF):												
NO	Sequentially list conditions,	DUE TO	(OR AS A CONSE	DUENCE D	FI-								
CAT	if any, leeding to immediate couse. Enter UNDERLYING		(011710710011021		<i>y.</i>							į į	
IFIC	CAUSE (Disesse or injury thet (nitlated events	DUE TO	(OR AS A CONSE	DUENCE O	F):								
CERTIFICATION	resulting in death) LAST	d											
	PART II. Other aignificent condition	a contributing to	deeth but not r	eaulting	in the underlyl	ng cause	given in	Part I. 2	4a. WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS	
SC	Popirato	war.							PERFO			MAILABLE PRIOR TO COMPLETION OF CAUSE	
ME	Abot 180	Well O	68The	elie	>						- 1	OF DEATH?	
ä	Autu	Fin											
IC/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	UV - 0		OTHER:	PLACE OF D	EATH (Ch	eck only one)					
PHYSICIAN: MEDICA	1 YES 2 ND 27. MANNER OF DEATH	1 Inpetient 2 28s. DATE OF		DOA 26b, TIM	4 Nursing Ho	me 6 R	aldence			INJURY OCC	MIDED		
	1 Netural 5 Pending	(Month, D	Pay, Year)		URY	YES 2] NO	200. DE30	MIDE NOW	mount occ	ONED		
D BY	2 Accident Investigation 3 Sulcide 6 Could not be	26e. PLACE C	OF INJURY — At he etc. (Specify)	ma, tarm, i	Hreat, factory, off	ce		281, LOCAT	IDN (Street	and Number	or Rural Ro	ute Number,	
TED	4 Homicide determined		(opcomy)					City or	Town, State;				
COMPLET	29a. CERTIFIER 1 CERTIFYIND PHYSIC												
000	one) 2 MEDICAL EXAMINE	R: On the beals of a	xamination and/or	nveatigatio	n, in my opinion,	death occu	red at the	time, data a	nd place, ar	d dua to the	e cause(s)	and menner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1 2	18 - Can	110	PILT	29c. LIC	ENSE NUN	WBER		29d. DATE	SIGNED	Month, Day, Year)	
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED OF	SE DE DEST	- C	247	19	10 7	36			10/3	27/42	
	WHAVARRE) 10	ON.	BI	oodu	ay	7	Kal	R. L	10	2/3	-3/	
	31. DATE FILED (Month, Day, Year)	A. 32. MEGISTRA											

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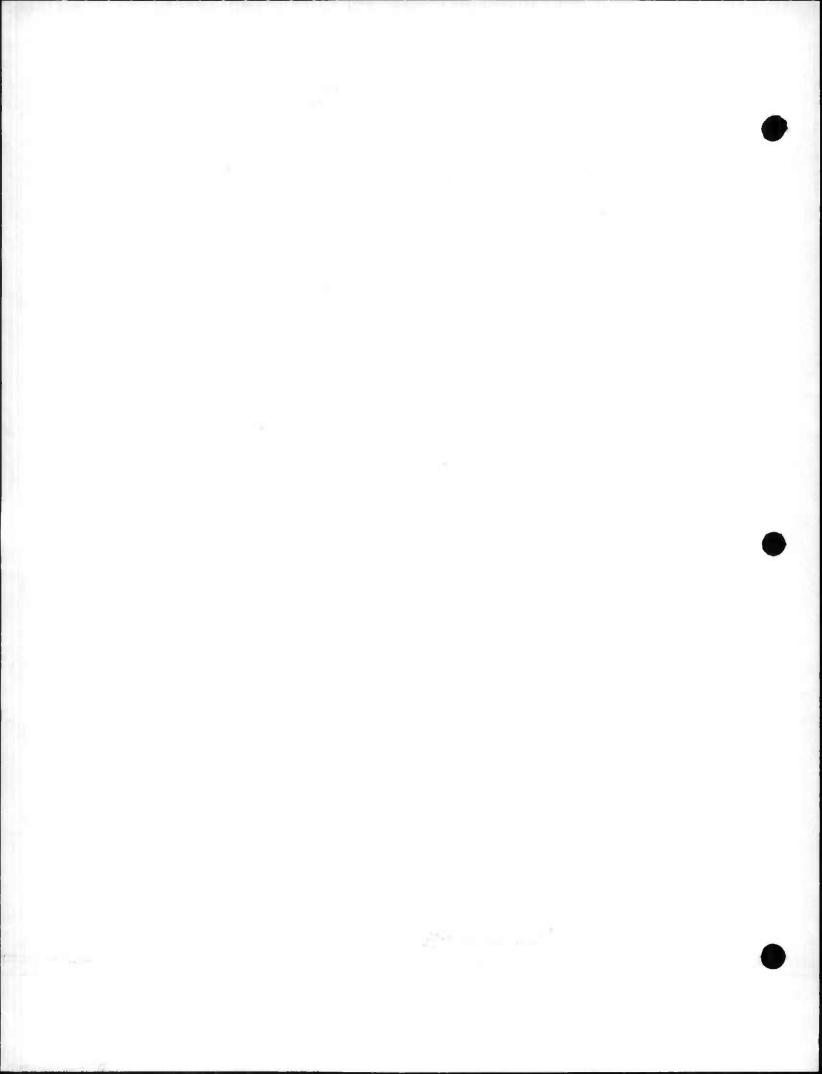
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FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

												EG. NO.			
		1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY 9 XEAR 0145													TIME OF DEATH
		4. SOCIAL SECURITY NUMB	1100	5. SEX	0. AGE (In	n yrs. last birth	(av) IF UNO	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH 8. BIRTHPLACE (State or Formic				ACE (State or Engine
2		166 34 915		1 □ M &CXF		92 YF			DAYS HOURS MIN.				,190	1900 New York	
shou	_	90. FACILITY NAME (If not in:						9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D							
2,3	DIRECTOR	Suburban		tal		- 1	Ве	Bethesda					Montgomery		
ages 1	1 1 1	10a. STATE	10b. COUNTY		-	10c	10c. CITY, TOWN OR LOCATION							10	d. INSIDE CITY
- 12 - 22		Maryland	Mont	gomery		R	ockv	ill	е						YES 2 ANO
physician. burial-transit permit. Pages 1, 2, 3 should	FUNERAL	100. STREET AND NUMBER	20.00	Dood				- 1	OOF O	E	10g. CITIZEN OF				T COUNTRY?
cian. Hrans	N.	6121 Mont	rose	12. WAS DECEDEN	T FVFR IN	IIS ARMED	1.		0852	VE WIEDA	ANIC ORIGIN? (Specify Yes or No 14, RAC				
attending physician se as the burial-tra	BY	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	YES	2 300		If yes,	specify Cubs	in, Mexica	can, Puerto Rican, etc.) Bis				American Indian, thite, atc.
	빌	15. DECI (Specify only	EDENT'S EDUC highest grade	CATION completed)		16a. DECEDE	IT'S USUAL	OCCUPA e during	TION most of world	ng	18b. Kill	D OF BUS	INESS/INDU	STRY	
tids De	COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5	·) I		(Give kind of work done during most of working life. Do NOT use retinal.) memaker						me		
de de	CO	17. FATHER'S NAME (First, MI Meyer Mar		h		_						iddle, Maiden Surname)			
stained by should be otified at	BE	19a. INFORMANT'S NAME (7)		.11	19h MAI	ING ADDRE	ree /Street			Blar		Otata 7in /	Confel	11	
5 5	10	SHAYNA SIM				561	3 Do	gue	Run	Dr.	,Fair	fax	Sta	tion	VA22039
e 6 ma ector, p must		20a. METHOD OF DISPOSITION 1 M Burdal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 10/21/92 Springfield) 20b. PLACE AND DATE Of DISPOSITION (Name of 10/21/92 Springfield) 20b. PLACE AND DATE OF DISPOSITION (Name of 10/21/92 Springfield) 20b. PLACE AND DATE OF DISPOSITION (Name of 10/21/92 Springfield) 20b. PLACE AND DATE OF DISPOSITION (Name of 10/21/92 Springfield) 20b. PLACE AND DATE OF DISPOSITION (Name of 10/21/92 Springfield) 20b. PLACE AND DATE OF DISPOSITION (Name of 10/21/92 Springfield) 20b. PLACE AND DATE OF DISPOSITION (Name of 10/21/92 Springfield)													
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ted within 24 hours after d completely filled in by the ial, cremation, or removal.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OT/AS A CONSEQUENCE OF:) Approximate interval Between Onset and Death DUE TO (OT/AS A CONSEQUENCE OF:)													
th certificate be execuending physician and I Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. SOFSIG DUE TO (OR AS A CONSEQUENCE OF): C. CLULL CLULL Faulure DUE TO (OR AS A CONSEQUENCE OF): d. FRUMMULE Bronclute d. FRUMMULE Bronclute D. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
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OR ATTENDING PHYSICIAN: The law requires that the deal DRECTOR: After this certificate has been signed by the att noun after death with the State Dept. of Health and Menta lam 28 is marked, or item 23 shows any injury,	AN: MEDICAL	PERFORMED? AMAILABLE PRIOR TO											OMPLETION OF CAUSE		
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SICIAL Certiff h the	ΗĂ	27. MANNER OF DEATH		28a. DATE OF	INJURY		TIME OF	28c. I	NJURY AT	rsidence	6 Other (Sp 28d. DESCRI		JURY OCCU	JRED	
DING PHYS After this c death with	ВУР		Pending nvestigation	(Month, D			INJURY M	1 [YES 2] NO					
OR ATTENDI DIRECTOR: A hours after d term 28 Is	ETED		Could not be Setermined	28e. PLACE O building,	F INJURY - etc. (Specif	A1 home, fa	m, atroot, fa	ictory, of	fice		261. LOCATIO City or To	N (Street ar wri, State)	nd Number o	r Rursi Rout	s Number,
世 弘に =	COMPL	one) 2 MEDI	CAL EXAMINE												nd manner ee stated.
TO THE HOSPI TO THE FUNED be find within	O BE	Marlyn	Uen	unu	s.	Phy.	sicu	air	8	35	791		1	D/19	7/92
W)		Merlyn Vr	PERSON WHO	COMPLETED CAUS		TH (ITEM 27)		ai	r 5	UIT	€ 22	7, 5	SILV	EK!	Sprin 6
- 1		30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MCYLYN VENUKY UD 9801 GEORGIA are Suite 227, SILVER SIKING 31. DATE FILED (Month, Day, Spar) Julia BASEGOTTARE FRANCES PRINTED (MONTH) DAY, Spar) Julia BASEGOTTARE FRANCES PRINTED (MONTH) DAY, Spar) Julia BASEGOTTARE FRANCES PRINTED (MONTH) DAY, Spar) Julia BASEGOTTARE FRANCES PRINTED (MONTH) DAY, Spar) JULIA BASEGOTTARE FRANCES PRINTED (MONTH) DAY, Spar) JULIA BASEGOTTARE FRANCES PRINTED (MONTH) DAY, Spar) JULIA BASEGOTTARE FRANCES PRINTED (MONTH) DAY, Spar) JULIA BASEGOTTARE FRANCES PRINTED (MONTH) DAY, SPAR) DAY, SPAR DAY											0902		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

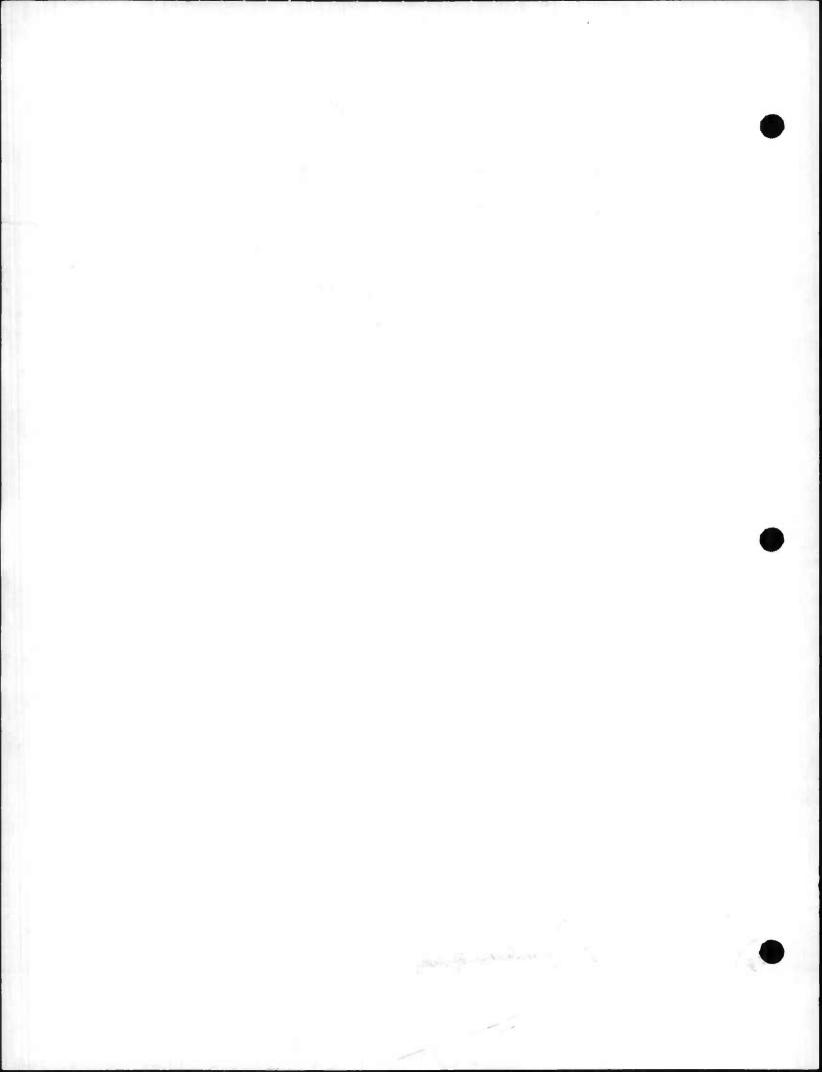


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G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit	te Dep
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		Edward Wa	arren		M.D 8. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS.	Oct.	21.	1992	EAR 4:	OO A., M		
3 should		220-20-2893 9e. FACILITY NAME (# not insti		oet and number)	6,6	YRS.	NTHS DAYS	Fe	(Month, Day, Near's Country) Feb.28.1926 Balto.City M						
2	DIRECTOR	University of Md. Medical systems Baltimore RESIDENCE OF DECEMENT 104. STATE 105. COLY, TYMEN OR LOCATION 106. CITY, TYMEN OR LOCATION 106. STATE													
it. Pages	DIRE	MD.	Ba1	timore		_	imoni			10d. INSIDE CITY L'MITS? 1 7ES 2 NO					
ısıt perm	FUNERAL	10e. STREET AND NUMBER 323 Jody V	lay					or. ZIP CODE 21093			COUNTRY?				
as the burial-transit permit, Pages 1,	B	11. MARITAL STATUS 1 Never Merried 2 M 3 Widowed 4 Sivore		12. WAS DECEDENT FORCES? X(IF YES, GIVE WA WORLD W	A OR DATES	ARMED	RACE / Black, Wr Specify: Whi								
for use	LETED		DENT'S EDUCA lighest grade of	ATION	16a.	DECEDENT'S USI (Give kind of work We. Do NOT use re Physici	done during r tired.)	siness/inous	/INDUSTRY						
should be detached	1 ~ 1	17. FATHER'S NAME (First, Mich. Edward W. Hoj		<u> </u>		Thysici	an	16. МОТНЕРДЗ NA Египпа Т	firtriin, Maiden	n Sumame)					
5 should b	TO BE	190. INFORMANT'S NAME (1/p) Mrs. Nancy	a/Print)	f		Emma Louise Seifert 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 323 Jody Way, Timonium, Md. 21093									
rector, page 5		20e METHOD OF DISPOSITIO	N 3 🗆 Remon			EAND DATE OF D	ISPOSITION (DATE	-	CATION CITY	or Town,	State		
funeral director, page		4 Donation 5 Other (S	SERVICE LIG	N.UI	try	aney Mem Gardens 10/24/92 Timonium, Md. 22. NAME AND ADORESS OF FACILITY Lemmon-Mitchell-Wiedefeld, Inc.									
d in by the or removal.		Bryan W.Clary 10 W. Padonia Rd. Timonium Md. 21093 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE I Mail disease or condition													
sician and completely fille prior to burial, cremation, traumatic event, the		a. ISCHEMIC CAPAL DWY VPATRY DUE TO (OR AS A CONSEQUENCE OF): OPONAM ALEMA DISEASE													
400	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):													
ed by the attending of the and Mental Hygien ony injury, or oth	빙	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRODUCTS 24b. WERE AUTOPSY PRODUCTS 24c. WAS AN AUTOPSY PRODUCTS 24c. WAS													
been sign of Heal	4: MEDICAL	Probable p	nlupie	ouia					1 D YES 2 NO OF DE			MPLETION OF CAUSE DEATH? YES 2 NO			
ortificate has the State Dep or Item 23	SICIAN	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:	ER/Outpatient		THER:	PLACE OF DEATH (C)							
his c	Y PHY	27. MANNER OF DEATH 1 Natural 5 Pa	nding	26a. DATE OF II (Month, Day	NJURY	26b. TIME O	7 28c. II	JURY AT PORK? YES 2 NO			NJURY OCCUR	ED			
after 28 i	ETED B	3 Suicide 6 Co	ould not be termined	28e. PLACE OF building, e	INJURY — At tc. (Specify)	home, farm, atree	t, factory, off	ice		ATION (Street a or Town, State)	and Number or	Rural Route	Number,		
4 5 E	COMPLE							te and place, and due death occured at the				auso(s) and	f manner as stated.		
TO THE FUNER be filed within IMPORTANT:	TO BE	290. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (MONTH), Day, N 10/21/97									-				
19		39 NAME AND ADDRESS OF F	n, MD	· UNIV.	Maryla	und alc	") dreal	Ctr. Dept	. of	Hede	cine; l	Balto	MD 21201		
2		31. DATE FILED (Month, Day, Ye. DCT 27 1992	,	32. REGISTRAR	S SIGNATURE										
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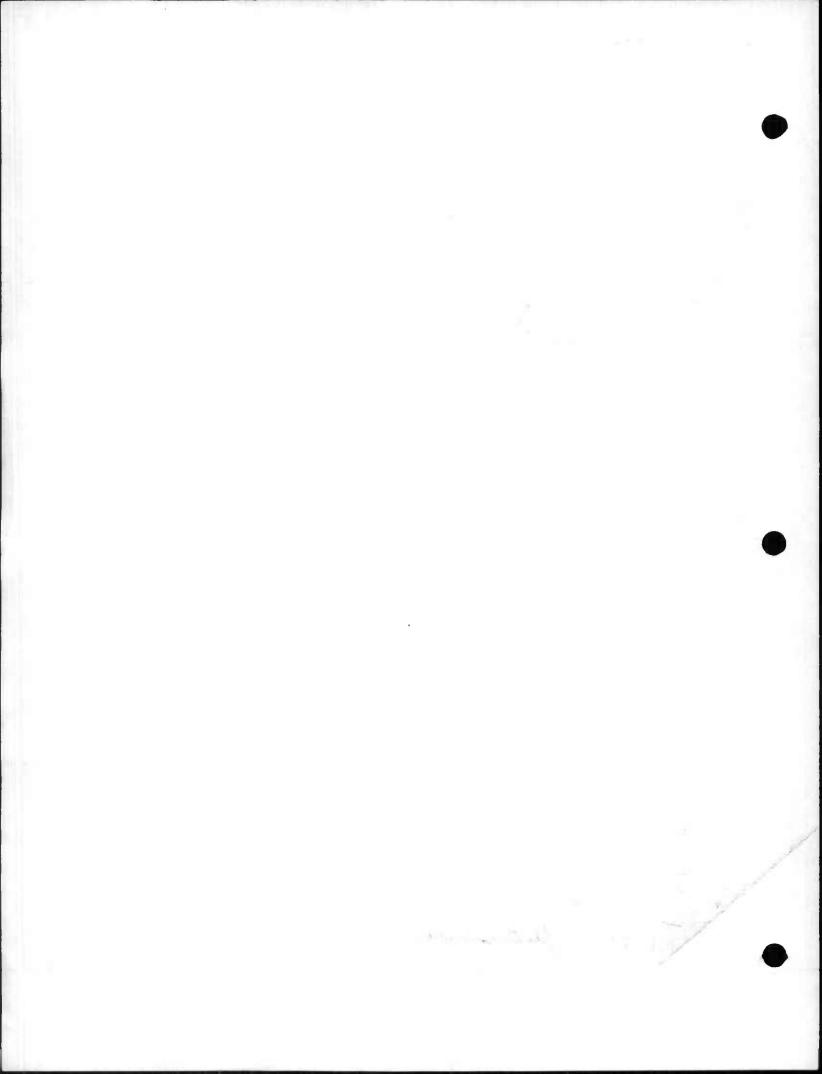
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The	THE FUNERAL DIRECTOR: After this certificate flad within 72 hours after death with the State	APORTANT: If Item 28 Is marked, or Item

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

-	1. DECEDENT'S NAME (First, Middin, Last) 2. DATE OF DEATH MONTH DAY YEAR 1.0 22 1002 10.2 26. A												3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMB		5. SEX							10	22		1992	12:26 A M
	718-09-794		1 M 2 F	6. AGE (In yrs.		MONTHS	R 1 YEAR	IF UNDER	MIN.	7. DATE OF I	SIRTH S_Yber/>		8. BIRTH Countr	PLACE (State or Foreign S.C.
	9a. FACILITY NAME (If not in				O THS.						2-12			
œ				TT A T		96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE BALTIMORE BALTIMORE								
DIRECTOR	THE JOHNS		NS HUSPI	TAL		BA	LTIM	UKE				BALTIMORE CITY		
Ä	10a. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
	MD				BA	LTI	MORE							1 X YES 2 NO
₹ I	10e. STREET AND NUMBER						101	. ZIP COD				10g. CI1		WHAT COUNTRY?
FUNERAL	1627 FED	ERAL S						212	213				U.S.	Α.
5												or No-	14. RACE Black	E — American Indian, k, White, etc.
BY														
												BLACK		
릴	5th													
\bar{g}	17. FATHER'S NAME (First, M.	iddle, Last)						16. MOT	HER'S NA	ME (First, Midd	le, Maiden	Sumame)		
BE														
2	19a. INFORMANT'S NAME (7)									Route Number, (
7	20b. PLACE AND DATE OF DISPOSITION 1 Burtal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)									COLUMBIA, MD 21044				
- 1										DATE			City or To	
	4 Donetion 5 Other (Specify) KTNG MEMORTAL PARK 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS (2)									RANDALLSTOWN, MD				
	F		1/4											
_	Ina		1-to	~~ 5		~				H./110				ENUE
	23. PART i. Enter the di shock, or he	seases, or c eart fallure.	complications the List only one cau	it caused the use on each i	death>Do i ine.	not ente	r the mo	de of dy	ing, suc	h as cardiac	or respi	ratory ar	rest,	Approximata interval Between
ŀ	IMMEDIATE CAUSE (Final								Onset and Death					
	resulting in death)	→	a. ard	OR AS A CON	HIL	yth	mro							10 minutes
_			· Hyp	1	SI'ON	+):								10413
CERTIFICATION	Sequentially list conditi		DUE TO	(OR AS A CON	SEQUENCE O	F):								
8	cause. Enter UNDERLY! CAUSE (Disease or Inju	NG	· Myo	cardio	21	Inte	300	tion						5415
	that initiated events			(DR AS A CON				,						
	resulting in death) LAS	' (d											
	PART ii. Other significa	nt condition	s contributing to	death but no	ot resulting	in the u	nderlyin	cause	given in	Part i. 24	. WAS AN	AUTOPSY	24b.	. WERE AUTOPSY FINDINGS
MEDICAL											PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
										''	YES 2	MINO		OF DEATH?
										_				11123 2500
Ä	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only one)				
	EXAMINER? 1 YES 2 NO 1													
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIM	E OF JURY	28c. INJ			28d. DESCRI	BE HOW IN	JURY OC	CURED	
β	M 1 YES 2 ND													
9	28a SH ACE OF IN HIRDY At hours from the state of the sta										Route Number,			
_	29a. CERTIFIER													
COMPLE	(Check only		CIAN: To the best of											
ਨੂ }	2 L MEDI	CAL EXAMINE	R: On the basis of e	xamination end/	or investigation	on, in my	opinion, d	eath occu	red at the	time, date and	place, and	d due to t	he cause(s) and manner ee stated.
B	296. SIGNATURE AND TITLE	OF CERTIFIER		0.1	. 1 7	1 .		29c. LIC	ENSE NU					(Month, Day, Year)
2	TO ID.	01	M.D.		ent P		cian		-76	38		P /	0/22	192
	David B.	AQUS	John Completed CAU	SE OF DEATH ()	TEM 27) (Type	Print)	141	600	N.	Walf	e st	·B	alt.	ND 2405
	31 DATE EILER (Mayring Paper	יציון	14 4 32 DEE 18 18 18 18 18 18 18 18 18 18 18 18 18	AS PROVIDE	R.	77						, 0		
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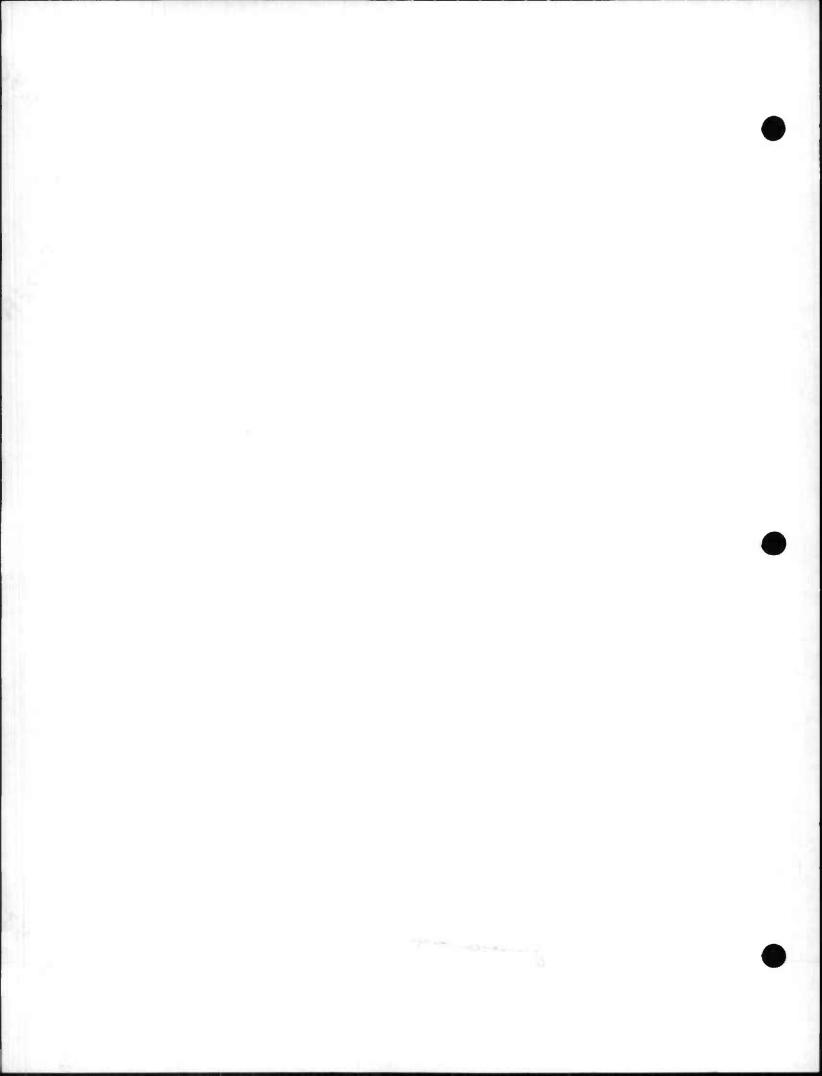
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

21215-0020 all or attending physician. for use as the burial-transit	ED BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce	IF YES, GIVE V	YES 2 AR OR DATES	NO ECEDENT'S I	USUAL OCC	YES CUPATION	elfy Cube 2 NO	n, Mexica Specify	IIC ORIGIN? (Specify n, Puerte Rican, etc.)		Black, V Specify:	American Indian, White, etc.
	COMPLETED	(Specify only his Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle			CLERK	retired.)	ring mos			U.S. 1	POST O		
Z & & 1	i ա		OHNSON						LAUR	ME (First, Middle, Mail A LYLES	len Surname)		
ALTIMORE, MARYLAND steath. Page 6 may be retained by the hospit funeral director, page 5 should be detached examiner must be notified at once.	2	19a. INFORMANT'S NAME (Types MRS. VIRGINIA	,		B210 N					BALTIMOI			21216
		20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 4 Donation 6 Other (Sp	3 Removal from State	20b. PLACE GARRI	SON F	ORES	T VI	ne of ET. (CEM.	DATE 20c.	LOCATION —	City or Town	ILLS, MD.
- 9 -		21. SIGNATURE OF FUNERAL S	ERVICE LICENS HE	4mm)	,	LE	WIS	T. (N FUNERAL			15-6393 E.MARYLAND
760, ed within 24 hours at ompletely filled in by il, cremation, or remo		23. PART I. Enter the disershock, or hear immediate CAUSE (Final disease or condition resulting in death)	a. DUE TO	OR AS A CONSE	DL OWENCE OF	M√	High				spiratory ar	rest,	Approximate interval Between Onset and Death
RECORDS, P.O. BOX 68 requires that the death certificate be executed been signed by the attending physician and it. of Health and Mental Hygiene prior to burn shows any Injury, or other traumatic	RTIFIC	Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE									
	MEDICAL	Chame HTN	MALLING CA POSTAL	ſ	resulting in	n the und				1 YES	AN AUTOPSY FORMED?	A CI	PERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
上午 2 2 2	SICI	25. WAS CASE REFERRED TO M EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:				s C Other (Specify)			
〇 美麗美	: ≻	27. MANNER OF DEATH 1° Natural 5 Pen	26a. DATE OF (Month, D	INJURY	26b. TIME	OF 2	Bc. INJU WOR	JRY AT		28d, DESCRIBE HO	W INJURY OC	CURED	
TSIC TTENDI TTOR: A after &	9	3 Suicide 6 Cou	28e. PLACE O	F INJURY — At he etc. (Specify)	orne, farm, st	ireet, factor	y, office			281. LOCATION (Sin City or Town, St		r or Rural Rou	te Number,
7 70 0	\cdot \cdot \cdot \cdot \cdot \cdot		ING PHYSICIAN: To the best of EXAMINER: On the basis of e										nd menner as stated.
TO THE HOSPITA TO THE FUNERA De filed within 7	BE	29b. SIGNATURE AND TITLE OF		unm		-			ENSE NUM				orith, Day, Year)
FFAS	임	30. NAME AND ADDRESS OF PE		SE OF DEATH (ITE	M 27) (Type,	Print)	_		W	5 1)	more	1-1-1	/

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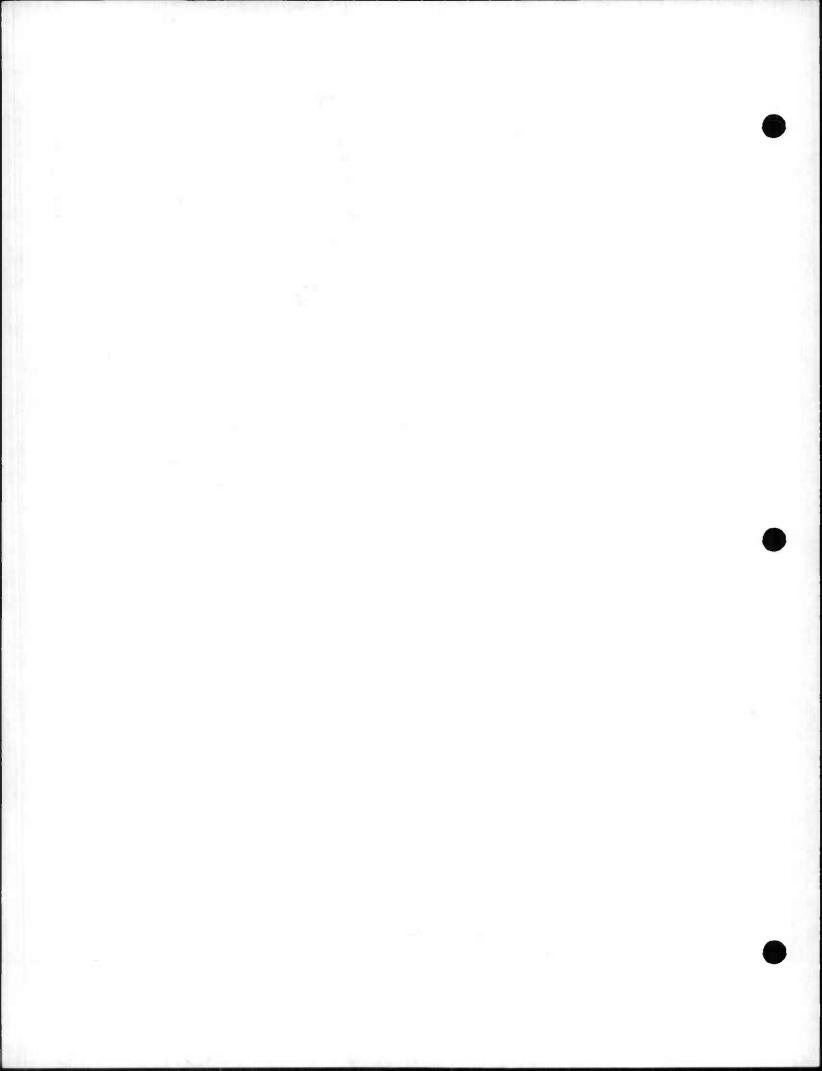
	1 - FOR STATE REGISTRAR	TATE OF MARYLAN	D / DEPART	MENT OF H	EALTH AND	MENTAL	HYGIENI		4 4 2 0 0 0		
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF DEATH		
	SARAH CAREY	JENNINGS-	-WINTER	2S		10	1 7	199			
			rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	8. B	IRTHPLACE (State or Foreign		
		□ M 3/CX F 7 3	YRS.	ONTHS DAYS	HOURS MIN.		, Day, Year) L 1 — O 8 -		ountry) MARYLAND		
_	9a. FACILITY NAME (If not institution, give street a	and number)	9	b. CITY, TOWN C	R LOCATION OF D		1 00	9c. COUNTY C			
DIRECTOR	ROUTE 213			Kenne	dyville	9		Ken	t		
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY		
	MARYLAND K	ENT		KENI	MEDYVIL	LE			LIMITS?		
AL.	10e. STREET AND NUMBER		-	10f	ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	13870 TURNERS PO	INT ROAD			2164	5		υ.	S.A.		
F	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMED		ENDENT OF HISPAL			or No- 14, F	RACE — American Indian, Black, White, etc.		
BY	XIX Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	8	1 TESTEN NO Specify:					Specify: VHITE		
ED	15. OECEDENT'S EDUCATIO		a. DECEDENT'S US	SUAL OCCUPATIO	N .	16b.	KIND OF BUS	INESS/INDUSTF			
Ti.	(Specify only highest grade comp	illege (1-4 or 5 +)	life. Do NOT use i		st of working						
COMPLETED		5+	ART	TST FINE P					NTINGS		
CO	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA			-					
BE	JOHN C. JENNINGS GLADYS POWELL										
2	19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SARAH CAREY JENNINGS WINTERS 2717 GRINDON AVE., BALTO., MD. 21214										
	20a. METHOD OF DISPOSITION		ACE AND DATE OF			_					
	1 Burial 2 Cremation 3 Removal		EN MOU	a mineral		DATE		ATION — City of	MD. 21202		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		1100		D ADDRESS OF FA	CILITY			MD. 21202		
	Dy Rui	1			ENRY W YORK R		ENKI		SONS		
	23. PART i. Enter the diseases, or comp	Discatione that caused the	e death. Do not						21212		
	shock, or heart feilure. List	only one ceuse on each	iine.		Allawores and		(100000)		interval Between Onset and Death		
	disease or condition	MULT	IPLE	INJUR	ES				Chise and Death		
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions,										
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FI	CAUSE (Disease or trijury CAUSE (Disease or trijury DUE TO (DR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST								ļ		
	PART II. Other aignificant conditions co	atchuting to death but	not moulting in	the condendates		D. A. I					
SAL	The state agrinount conditions co	minoding to deeth but I	iot readiting in	tne underlying	cause given in	Part I.	24s. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
							XYES 2	□ NO	OF DEATH?		
Ξ.									XX YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one	9)				
SIC		SPITAL: Inpetient 2 - ER/Outpetie		THER:	5 - Residence			Highw			
	27, MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ				JURY OCCURE			
BY	1 Natural 5 Pending **Recident Investigation	10/17/1992				Auto	in A	Auto/T	ruck Impaci		
			Highwa	iv		Mar	vland	Rout	e 213		
COMPLETED	29e. CERTIFIER (Check only one)										
8	MEDICAL EXAMINER: On	the basis of axamination an	d/or Investigation,	In my opinion, d	eath occured at the	time, date	and place, and	due to the cau	ree(s) and menner as stated.		
BE	296, SIGNATURE AND ATTE OF CERTIFIER	1 M. du			29c. LICENSE NUI				NED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH	(ITEM 27) (Sine D	rint)	0.C.	M.E.		1.0)/18/1992		
	1,000				et, Bal	timo	ore. N	Marvla	and 21201		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	RE DO		,				2.20.		
	UCT 2 7 1992 8	una wavidoon-of	· Pr - day -								



THE CONTROL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

HE FL. ACAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR				ICAT				MENTAL HYGIEN REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last DWANE	D.		JO	HANI	NESE	EN		2. DATE OF DEATH MONTH	4	9 Y54 R	3. TIME OF DEATH 4:49 P.
	4. SOCIAL SECURITY NUMBER 218-80-1535	5. SEX 6	3. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	124 HRS.	7. DATE OF BIRTH (Month, Day, Your) Aug. 18,1	970	a. BIRTH Countr Ma	PLACE (State or Foreign ryland
стоя	9a. FACILITY NAME (If not institution, give UNIVERSITY HOS		TU	96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY								
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b, COUN	TY		10c CIT	Y. TOWN (OR LOCAT	ION .					404 MININE CITY
DIR	Maryland				alti							10d. #NSIDE CITY LIMITS? YES 2 NO
	10e. STREET AND NUMBER				42.61		ZIP COD	E		10a. Cr	TIZEN OF W	HAT COUNTRY?
ER/	3554 Lyndale Ave	•					212	213		U	. S.	Α.
BY FUNERAL	11. MARITAL STATUS LXX Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAR	YES 2 N	MED O		WAS DECI	clfy,Cubi	n, Mexica	NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	s or No		- American Indian, White, etc.
60	15. DECEDENT'S ED (Specify only highest grad		16a, DEC	CEDENT'S	USUAL O	CCUPATIO	N		16b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0-12) NA	College (1-4 or 5+) NA			vork done ne retired.) Insta			ng	Carpet	Man	ufact	urer
8	. 17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Meider	Sumame)		
BE	Richard D. Johan	nesen							K. Barber			
2	Pa. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) Richard D. Johannesen (Father) 3554 Lyndale Ave., Baltimore, Md. 21213											
	20a. METHOD OF DISPOSITION	nesen (Fat	1		_			e., 1				
	1XXBurial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	movel from State	206. PLACEA Comptory, cres Lake V	ND DATE	of DISPOS	ITION (Na	ne of	-1-			- City or To	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Lake V	TEW							nore,	Md.
	11/1///	/_/							curv ineral Hom	_		
	23. PART I. Enter the diseases, or	oppolications that	and the de-	th Da					Lane, Bal			d. 21213
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	PR AS A CONSEQUER AS	UENCE O	F):	n'j	ur	jes				
MEDICAL	PART II. Other significant condition	ne contributing to de	eath but not n	esulting	in the un	derlying	Cause	given in	Part I. 24a. WAS AF PERFO	RMED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only one)			
PHYSICIAN:	1 🔀 YES 2 🗌 NO	120 Inpatient 2 E		DOA 285. TIM	4 🗆 Nun	ing Home		sidence	□ Other (Specify)			
	1 Natural 5 Pending	(Month, Day,	Year)	INJ	URY O AM.	28c. INJU WOI	RK?]\{\vio	DRIVER I	N AU	JTO I	FIXED
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF I	INJURY At hor				A	Min	201. LOCATION (Street	and Numbe	or Aural A	FCT IMP
ETED	4 Homicide determined	building, etc		N S	TRE	ΞΤ			PARKSID	}		FORD ROAL
COMPLE		SICIAN: To the best of my										and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	ER A A	0 0				29c. LICI	ENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)
TO BE CO	Dennis	H. Cl	rute 1				0.	C.M	.E.	1	0-25	5-1992
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE									1	
	31. DATE FILED (Month, Day, See)	G REPSINA	111 s sign (1)	Pen	n St	ree	t,	Bal	timore,	Mary	land	21201



BALTIMORE. MARYLAND 21215-0020 death. Page 6 may be retained by the hospital or pinous i

DIRECTOR

FUNERAL

BY

COMPLETED

BE

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CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with HOSPITAL

HYSICIAN: The law re his certificate has bee rith the State Dept. o	THE HISPITAL INSTITUTION PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the brootists or attaching the security of the page 12 of 12	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or remoral.	IMPORTANT If hem 28 is marked or flow 23 shows any injury or other traumatic event the medical examiner much he notified at once
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92 29865 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH tel YEAR ETER a 1 2:50 A 10 -16 1992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR # UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 03-10-1900 577-18-0153 1 M XXF MONTHS DAYS HOURS 92 YRS. WASH DC 9a. FACILITY NAME (If not institution, give atreet and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Grosvenor Bethesda Health Care Center Montgomery RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? District of Columbia Washington NO YES 2 NO 10e. STREET AND NUMBER 10f. ∠IP CODE 10g, CITIZEN OF WHAT COUNTRY? 7135 Piney Branch Road, N.W. 20012 U.S. A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced Black 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16h, KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ary/Secondary (0-12) College (1-4 or 5+) 9th Homemaker Private 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) James Carrington Nicey Edmonds 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7135 Piney Branch Road, N.W. Lucille Jeter Wash., DC. competent, crematour or other place in Cemetery 2 10/2 14/E9 20c. Location - City or Town, State

Fort Lincoln Cemetery Brentwood M 20a. METHOD OF DISPOSITION
XIX Burial 2 □ Cremation 3 □ Removal from State Brentwood, Maryland Definition 5 - Other (Specify) RE OF AINERAL SERVICE LICENSE NAME AND ADDRESS OF FACILITY Stewart Funeral Home m 4001 Benning Road, NE 23. MAN I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Betwe EDIATE CAUSE (Finel decise or conditional translating in death) Onest and Death or condition onde ovascular Disea. SQ DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATH (Check only one)
1 U YES 2		HOSPITAL: 1 Inpstiant 2 ER/Outpatiant	3 DOA 4 DON	ER: ursing Nome 5 - Residence	■ B □ Other (Specify)
27. MANNER OF DEATN 1 Natural 5 2 Accident	Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not be		28e. PLACE OF INJURY — At I building, etc. (Specify)	nome, farm, street, fa	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town: State)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner se stated.

DO82

296. SIGNATURE AND TIPES OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) en

40

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

8218 WISCONSIN acebou

R RESISTBAR'S SIGNATURE

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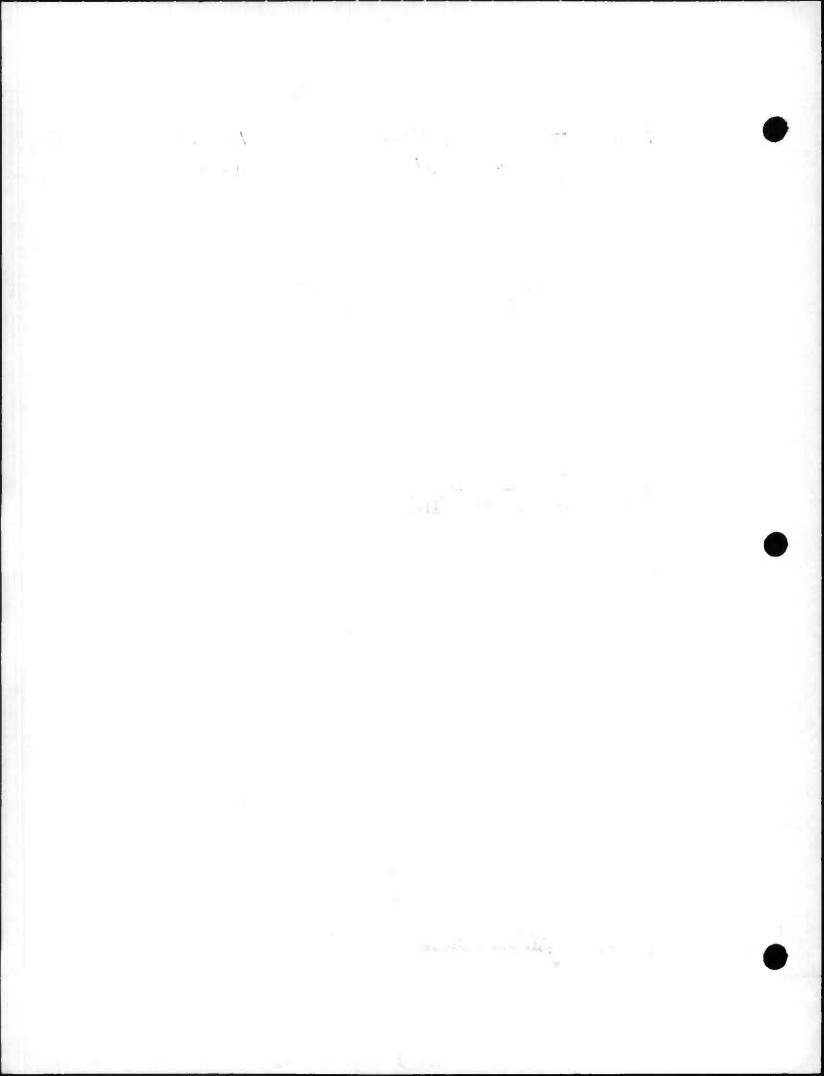
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BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, path the filled within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYG							
3	1. DECEDENT SHAME (First, Middle, Last)	ANN BRYANT	Jenki	NS		2. DATE OF DEA	19 9	3. TIME OF DEATH 1338 PM					
	577-28-8428	1 - M 2 (M) F	(In yrs. lest birthdey)	MONTHS DAYS		7. DATE OF BIRT (Month, Day, Ye	2 2	BIRTHPLACE (State or Foreign Country) Vashington, I					
_	Sa. FACILITY NAME (If not institution, give stre			9b. CITY, TOWI	OR LOCATION OF D	EATH		Y OF DEATH					
DIRECTOR	Suburban Hospi	tal	···-	Be	thesda		Mon	Montgomery					
IREC	Maryland Montg	OMery	10c. CIT	TY, TOWN OR LOC				10d. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER	Omery			er Sprin	ng	40- OFFITE	1 TYES 2 K NO					
FUNERAL	3303 Beaverwoo	d Lane			209	906	1	United States					
NE NE		12. WAS DECEDENT EVER I		13. WAS D	ECENDENT OF HISPA specify Cuban, Mexic	NIC ORIGIN? (Speci		I. RACE — American Indian, Black, White, etc.					
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			ES 2 NO Speci		۵.)	Black					
8	15. DECEDENT'S EDUCA (Specify only highest grade co	ITION ompleted)	16a. DECEDENT'S	USUAL OCCUPA work done during	TION	16b. KIND O	F BUSINESS/INDUS						
COMPLET	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)	IIIa. Do NOT u	nistrat									
OM	17. FATHER'S NAME (First, Middle, Last)		Admiri	IISLIai		AME (First, Middle, M	Governm	ent					
BEC	Andrew Danie	1 Bryant											
TO B	19a. INFORMANT'S NAME (Type/Print)												
	Leonard Jenkins 3303 Beaverwood Lane, Silver Spring, MD. 200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of 200. LOCATION — City of Town, State												
	20e. METHOD OF DISPOSITION X Burial 2 Cremation 3 Remov 4 Donation 6 Dither (Specify)	rel from State 200	b. PLACE AND DATE Defery, cremetory or d Harmony	of disposition (other place) MCMO Y	Nameo! ial Par	k 10/29 1	LOCATION - CH	r, Maryland					
	21. SIGNATURE OF TUNERAL SERVICE LICE	NSEE DI		22. NAME	AND ADDRESS OF F	ACILITY		r, maryranu					
	► lohm, I.	atternant	. TIT		art Fun Bennin			Wash., D.C.					
	23. PARTI I. Enter the diseases, or conshock, or heart failure. Li	mplications that cause	d the death. Do	not enter the n	node of dying, suc	ch as cardiac or	respiratory arres	t, Approximate interval Between					
	IMMEDIATE CAUSE (Final disease or condition	A			rober	0.		Onset and Death					
	resulting in death) a.		A CONSEQUENCE O		20-01	000							
Z	Sequentially list conditions b.												
ATIC	Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING												
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):									
CERTIFICATION	resulting in death) LAST												
CAL C	PART II. Other significant conditions	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
S							RFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
MEDIC								1 TES 2 NO					
A	25. WAS CASE REFERRED TO MEDICAL			-									
PHYSICIAN:	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	PLACE OF DEATH (CI								
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Till	NE OF 28c. II	NJURY AT YORK?		OW INJURY OCCUP	RED					
B	1 Netural 5 Pending 2 Accident Investigation			M 1	YES 2 NO								
ETED	280 DI ACE OF BUILDY At home from store that												
COMPLETED		AN: To the best of my know On the basis of examination						cause(s) and manner as stated.					
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	0			29c, LICENSE NU	MBER	29d. DATE S	IIGNED (Month, Day, Year)					
6	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Torse	Print	5082	166		27-61-0					
	dohu 1	an bay	-		siscon	SIN	Acre	Betterby					
	OCT 27 1992	32. MEGISTRAR'S SIGN	ATUBE BL										



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BALTIMORE, MARYLAND 21215-0020

DALLIMONE, MANILANI	TO THE HOSPITAL OF ALTERCANG PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, name 5 should be detached		IMPORTANT: Il liem 28 is marked, or from 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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	HOSE	FUNE	within	AN	
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	2	2	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	E	

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAI	RTMENT OF I	HEALTH AND	MENTAL HYGH		Lon	4986/	
	1. DECEDENT'S NAME (First, Middle, Last)	e Jack	Sor	1		2. DATE OF DEATH	DAY	YEAR 72	3. TIME OF DEATH	
Uij	4. SOCIAL SECURITY NUMBER 416-46-1796	5. SEX 6. AGE (In yrs.)	Man	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-06-36		Countr	IPLACE (State or Foreign	
FOR	90. FACILITY NAME (If not Institution, give str Kimbrough Hos	reet and number)			Meade		9c. COU	ounty of DEATH		
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Severn							10d. INSIDE CITY LIMITS? 1 □ YES 2XXNO		
VERAL	100. STREET AND NUMBER 1821 Dove Ct. Severn, 101. ZIP CODE 21144 USA									
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES YES IF YES, GIVE WAR OR DATES	ARMED NO	If yes, sp	CENDENT OF NISPA ecity Cuben, Mexic NNO Speci	an, Puarlo Rican, etc.)	ORIGIN? (Specify Yea or No. 14. RACE - American Indian			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9th grade 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retined.) Housewife Household									
	17. FATHER'S NAME (First, Middle, Lest)				l .	AME (First, Middle, Maid	en Sumame)			
TO BE	198. INFORMANT'S NAME (Type/Print) JOE L. Jackson	- 1				May Route Number, City or 1 EVERN, M				
	20a. METHOD OF DISPOSITION t Xelected 2 Cremation 3 Ramon 4 Donation 5 Other (Specify)	val from Stata 20b. PLACE cometery, co	rematory or o	OF DISPOSITION (Na ther place) rans Ce			OCATION - C			
	21. SIGNATURE OF FUNERAL SERVICE LICE	Call		Hard	Annan	neral He	1 21A	∩ 1	12 Ridge	
	23. PART 1. Enter the diseases, or conshock, or heert feliure. Limited in the constant of the	omplications that caused the diet only one cause on each lin	deeth. Do r	m un clu	de of dying, suc	est serdiec or rea	piretory arm	est,	Approximata Interval Between Onset and Deeth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EOUENCE OF	Pant Inte	failup	le.				
PHYSICIAN: MEDICAL	PERFORMED? 1 YES 2 NO OF								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN		HOSPITAL:		OTHER:	ACE OF OEATN (Ch					
	27. MANNER OF OEATN 1 Setural 5 Pending	1 Inpetient 2 ER/Outpetient : 28s. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. INJU	URY AT	8 Other (Specify) 28d. DESCRIBE NOW	INJURY OCC	URED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, stc. (Specify)	ome, farm, e		ES 2 NO	281. LOCATION (Stree City or Town, Stat	t and Number c	or Rural Ro	oute Number,	
COMPLETED	29a. CERTIFIER t CERTIFYING PHYSICI. (Check only one) 2 MEDICAL EXAMINED.	AN: To the best of my knowledge, d	leath occurre	d at the time, data	and place, and due	to the cause(a) and m	anner as state	d.		
BE CO	290. SIGNATURE AND THE OF CENTIFIER	On the basis of examination and/or		RKINSON	29c LICENSE NUM				Month, Day, Year)	
٩	36. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH ITE		9.7,9	1)358	84	10	124	4/92	
	31. DATE FILEO (Month, Day, Year) OCT 2 7 1992 9	32. REGISTRAR'S SIGNATURE	00.1							

SANDRA J. PARKINSON CIV MD 044-00-0679

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. ECIOP. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ris after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. The same results are not to be successful to the same prior to the same transition or removal. The same results are not same and injury, or other traumatic event, the medicel examiner must be notified et once.	ending physician.	as the burial-transit permit. Pages 1, 2, 3 should	
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ECOR. After this certificate has been signed by the attending physician and completely filled in bits after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ret in 28 is marked, or item 23 shows any injury, or other traumatic event, the medi	after death. Page 6 may be retained by the hospital or a	y the funeral director, page 5 should be detached for us	nova. cel examiner must be notified et once.
ATENDING PHYSICIAN: The law require ECOPR: After this certificate has been sign is after death with the State Dept. of Hea in 28 is marked, or item 23 shows	s that the death certificate be executed within 24 hours	ned by the attending physician and completely filled in b	um and Mental hygiene prior to bunal, cremation, or renamy injury, or other traumatic event, the mediany
E HOSPITAL OR LUNEFAL DIR MITTIN 72 hour DETANT: If Item	FIRST IN OR ATTENDING PHYSICIAN: The law requires	INNERAL DIRECTOR: After this certificate has been sign	DRTANT: If item 28 is marked, or item 23 shows

ITEMS: 23 PART I, II, 27 PER MEO G-693 11/24/92 reb

FOR

STATE
STATE
GEOGRAPH

1 - STATE
GEOGRAPH

CERTIFICATE OF DEATH

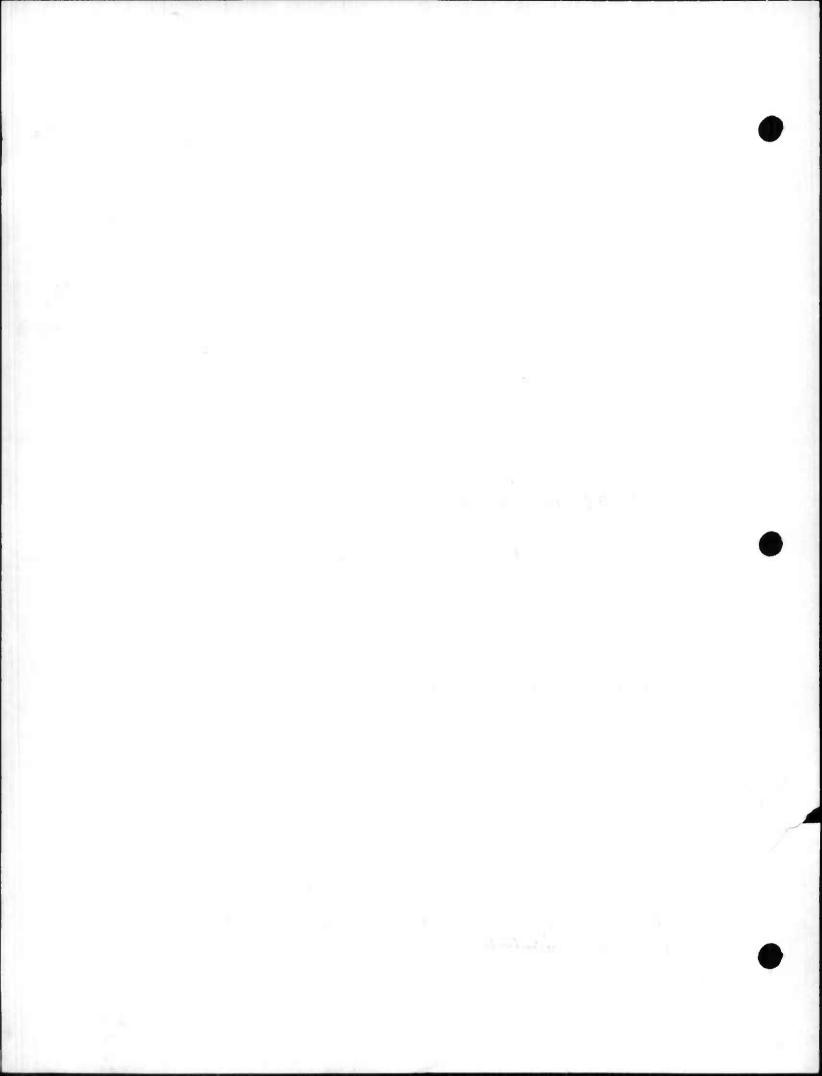
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	1 - STATE REGISTRAR	OTALE OF IT	CER		CATE OF			ICH IAL	REG. NO		D can	-2000
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE (OF DEATH		1	3. TIME OF DEATH
- 1	RICHARD	E.	JA	COE	3S			HOMAH	2	A12	DE S	3:28 P
1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest bir	thday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE C			L BIRTHPI	LACE (State or Foreign
	217 38 6715	1 M 2 F	5/	YRS.	MONTHS DAYS	HOURS	MIN.	Ly -	Day, Year)	41	Country)	1
3	Sa. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOWN C	R LOCATIO	N OF DEA	ATH		9c. COUNT	Y OF DEA	ATH
O.	ST.JOSEPH HOSPITAL TOWSON BALTIMORE										ORE	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	~										
E	D 7											
	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT CO										YES 2 NO	
HA	504 M. CARRILLEN OF WHAT COUR										IAT COUNTRY?	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RAM								رد کے	77		
	1 Never Married 2 Married	FORCES? 1	YES 2 NO		ti yes, spi	ecify Cuban	, Mexican,	, Puerto R	(Specify Yellican, etc.)	or No	Black,	American Indian, White, etc.
3 Widowed 4 Dovorced IF YES, GIVE WAR OR DATES 1 VES 2 PT NO Specify: Specify: 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Tr. FATHER'S NAME (First, Middle, Last) 18 DECEDENT'S USUAL OCCUPATION (IN. Do NOT use retired.) FINY I RO M. EA									Specify:	BLACK		
	Elementary/Secondary (0-12)	College (1-4 or 5 +	Itte. Do	NOT us	netired.)) a				1		
₹	7		ENY	RO	MENTI	4	lec.	4 >	21 ×	200	<p< td=""><td>h HOSD</td></p<>	h HOSD
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAM	E (First, M	liddle, Malden	Surname)	,	
8	VVIIUS VI	ACODS				12m	Hy	/ /	MAI	Thei	N5	
2	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING	ADDRESS (Street a					n, State, Zip (Code)	m 191213
1	20s. METHOD OF DISPOSITION	76696	5 21	43		CON	Wo			DAY	101	11101 41213
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, cremate	ory or of		me of	-	DATE	20c. LO	CATION C	ity or Town	a. 11. A
	21. SIGNATURE OF FUNERAL SERVICE LI		19AR	815	22. NAME AN	~ 0 12	(22)	16/	7 00	VINO	75 1	mins ma
	A 1 1/2	PI	101		200	. 4		. 1/	117	esh	Coc	1-100
	Joseph 13	deel	a. J.		dock	-	inlya		my 13	. 11.	Carri	very wy
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that List only one caus	caused the deeth se on each line.	. Do n	ot enter the mo	de of dyir	ng, such	as cardi	ac or resp	iratory arre	st,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	7,										Onset and Death
	disease or condition resulting in death)		SCLEROTIC C			DISEA	SE_					
_		DUE TO	(OR AS A CONSEQUE	NCE OF):							
CERTIFICATION	Sequentially list conditions,	b	OR AS A CONSEQUE	NCE OF):							
¥	If any, leading to immediate cause. Enter UNDERLYING				,							j
Ē	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEQUE	NCE OF):							
	resulting in death) LAST	d										
	PART ii. Other aignificant condition	a contributing to	death but not re-	Ition !	the underlyl-		lune to m	ы. Г	24a. WAS AN	ALEMONT:		
CAL	ASTHMA	- controlling to	death but not resu	mang n	i the underlying	cause g	IVEN IN P	ant I.	PERFOR		A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ā		I DDOCTATEO	TOMV.					-	1 TYES 2	ON 🗌	6	COMPLETION OF CAUSE OF DEATH?
WE.	STATUS-POST RADICA	L PRUSTATEL	MAGINA			_		-			1	X YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
S	EXAMINER?	HOSPITAL:	alesano. A		OTHER:	ACE OF DE						
¥	27. MANNER OF DEATH	28a. DATE OF	ER/Outpatient 3 1 1	DOA Bb. TIME	4 Nursing Home	_				NJURY OCCL	1050	
	1 ((Natural 5 Pending	(Month, De		INJU	JRY WO	RK?		zea. DEŞI	HIBE HUW I	NJUNY OCCU	MED	
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF	FINJURY At home,	farm, ø			-	28f. LOCA	TION (Street)	and Number o	r Burnt Bou	ato Alexenhor
TED	4 Homicide 6 Could not be determined	building, e	etc. (Specify)						r Town, State)		7407407400	no rumber,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the heat of	my knowledge, death	000	d at the time det-	and also		-	ofe) or f			
ME	(Check only 2 MEDICAL EXAMINE											and manner se stated
	296. SIGNATURE AND TITLE OF CERTIFIE		^		1							
96	1/11/2/	10 Ho	MAD			29c. LICE						Aonth, Day, Year)
욘	30. HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM 27) (Turns	Print)	O.C.	M.E			10/	23/	92
		KE NO				_ T	7 - 7 -	4		1		21201
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	31. DATE FILED (Morth, Day, Year) OCT 9 7 1992	JOLE RELISTRAL	T'S SHOW AND SHOW							102 , 3	und	21201

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		1 - FOR STATE REGISTRAR	STATE OF N				F HEALTH AND		G. NO.	12	29069	
		1. DECEDENT'S NAME (First, Middle, Last) Judith A.	James					2. DATE OF DI		智2 3.	TIME OF DEATH	
29		4. SOCIAL SECURITY NUMBER 220-64-7908	5. SEX 1 M 2 X F	8. AGE (In yr. 38	s. lest birthday) YRS.	IF UNDER 1 YE	AR IF UNDER 24 HRS. YS HOURS MIN.	114 O-	Year)	6. BIRTHPL Country) MARYL	ACE (State or Foreign	
2, 3 should	TOR	Se. FACILITY NAME (If not institution, give si The Union Memo:		ital			wn on LOCATION OF timnore C		9c. COUN	TY OF DEAT	TH .	
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	,			Y, TOWN OR L LIMORE	OCATION			INSIDE CITY LIMITS?		
150	FUNERAL	100. STREET AND NUMBER 405 LYNHURST STE	REET	·		-	101. ZIP CODE 21229			10g. CITIZEN OF WHAT COUNTRY? USA		
21215-0020 al or attending physician. for use as the burlat-transit	B≼	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO Hypes, specify Cuben, Mexica if YES, GIVE WAR OR DATES 13. WAS DECEMDENT OF HISPAU II yes, specify Cuben, Mexica ii YES 2 NO Specify Cuben, Mexica ii YES 2 NO Specify Cuben, Mexica ii YES 2 NO Specify Cuben, Mexica ii No Speci				ican, Puerto Rican,	NIC ORIGIN? (Specify Yes or No— 14. RACE — Ar an, Puerto Rican, etc.)				
12 P P P P P P P P P P P P P P P P P P P	COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)			n. DECEDENT'S (Give kind of life. Do NOT us	work done durin	PATION g most of working	16b. KINO	OF BUSINESS/INDU			
MARYLAND retained by the hospit 5 should be detached outfilled at once.	BE COM	17. FATHER'S NAME (First, Middle, Last) JOHN JAMES	- Continue - Continue						Maiden Surname) EDWARD			
E, MAR y be retained sage 5 should be notified	2	MARGUERITA JAMES 20s. METHOD OF DISPOSITION		Lawren	405 LY	NHURS	STREET	BALTIMOR	E, MARYL	AND 2		
BALTIMORE, MARYLAND ar death. Page 6 may be retained by the hospit the funeral director, page 5 should be detached val.		1 Desire 2 Cremetton 3 Rem. 4 Donation 5 Other (Specify)			ACE AND DATE	ATTON	AL MEMORIA LE AND ADDRESS OF EP BROTHE	AL PARK		REL,		
BOX 68760, B. come be executed within 24 hours after properties from the properties of the properti	CERTIFICATION	23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Much DUE TO	(OFI AS A COL	e death. Do i	10MG Fi:		uch as cardiac d	or respiratory arre	st,	Approximata interval Between Onset and Death	
S, P.O. death certification of antal Hygien rry, or other	CERTIF	resulting in death) LAST										
RECORDS requires that the been signed by the c of Health and M shows any inju	MEDICAL	Hypercalcenne: mractable pain 1 yes 2 tho								CC Of	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
MATAL May The Tan The State Dept	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YOU	HOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHER:	6. PLACE OF DEATH (cify)			
3	BY PH	27. MANNER OF DEACH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, Di	INJURY ny, Year)	28b. TIM	IURY	INJURY AT WORK? YES 2 NO	28d. DEŞCRIBI	E HOW INJURY OCCI	JRED		
SI SI SI SI SI SI SI SI SI SI SI SI SI S	0	3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY — I etc. (Specify)	At home, farm,	street, factory,	office	28f. LOCATION City or Yow	(Street and Number on, State)	v Rurel Rout	le Number,	
DIV TO THE HOSPITAL OR AI TO THE FUNERAL DIREC BE filed within 72 hours IMPORTANT: If Item	COMPLETE	one) 2 MEDICAL EXAMINE	R: On the baels of ex				date end place, and d	he time, date and p	elace, and due to the	cause(s) ar		
THE THE POWER	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER M. CULW 30. NAME AND ADDRESS OF PERSON WHI		M)	OTEM OR CO.	Orien	29c. LICENSE N AT2438	3946-C19		SIGNED (M.	1-9Z	
		n. M. Cullon	201 8	Eun	N. PK	wy	Bainne	ne Hd	21218)		
		OCT 2 7 1992	32/MEGIGITRA	Ca Maintin	HE Care	U						



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	REGISTRAR DECEDENT'S NAME (First, Middle, Last)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IOAI	_ 01	DEAT	111	2. DATE OF D	G. NO			29871	
	DECEDENT O TAME (Final, Miloto, Cast)	ROSA	KOEFLER	}					October 25, 1992			9752	7:30 p. N	
	SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	8. AGE (In yrs. last	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI (Month, Day,	OTN	1910		PLACE (State or Foreign	
	a. FACILITY NAME (# not institution, give a 1321 Glendale 1	L239			OWSO	n LOCATIO	ON OF DI		,	9c. COU	DUNTY OF DEATH ltimore County			
10	Maryland Ba:	ltimore		10c, CIT	Town		ION		10d. INSIDE CITY LIMITS? 1 □ YES 2 予NO					
11	100. STREET AND NUMBER 1321 Glendale Road 101. ZIP CODE 21239 109. CITIZEN OF WY U.S.													
1	I. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 -N	MED O	- 1	If yes, spi	ENDENT Cocky Cube 2 A NO	n, Mexica	NIC ORIGIN? (Sp an, Puerto Ricen, ly:	etc.)	e or No—	Black	- American Indian, t, White, etc.	
	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12) 8th Grade	(Gh	e kind of Do NOT u	work done ise retired.) Wife	CCUPATIO during mo	N st of workin	og .	at Home						
17	17. FATHER'S NAME (First, Middle, Last) Emil Duerring 18. MOTNER'S NAME (First, Middle, Meiden Surneme) Koroline Hoerner													
- 11	Mr. Walter Koef	196	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1321 Glendale Road, Towson, Md 21239											
1	20a. METNOD OF DISPOSITION 1 Green Burley 2 M Cremetton 3 Green Removal from State 4 Green Mount Place and Date of Disposition (Name of Particular Place) 20b. PLACE AND DATE OF DISPOSITION (Name of Particular Place) 20c. LOCATION — City or Town, State 20c. Baltimore, Md.—21202													
21	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MOSSOS 22. NAME AND ADDRESS OF FACILITY Henry Sander & Sons, Inc. 1649 E. North Avenue - 21213													
ii	3. PART I. Enter the disease, or cahock, or heert failure. MMEDIATE CAUSE (Final lisease or condition esuiting in death)	List only one ceu	caused tha despe on each line.	12	not enter	tha mo	de of dyi	ing, auc	th as cardiac o	or reap	iratory arr	est,	Approximata Interval Batwee Onset and Deat	
H	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING													
ti	CAUSE (Disease or injury het initiated events esulting in death) LAST	DUE TO	OR AS A CONSED	UENCE O	IF):									
P	ART II. Other algolificent condition		death but not re		in the un	derlying	F/	giveyî in		WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND	
N	25. WAS CASE REPERRED TO MEDICAL EXAMINED? HOSPITAL: OTHER:													

WORK?

1 Natural
2 Accident
3 Suicide
4 Homicide

281. LOCATION (Street City of Town, Stelle 32

29e. CERTIFIER (Check only one)

29c LICENSE NUMBER

31. DATE FILED (MOR (Month, Day, Year) 27 1992

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TO IT AMENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	detache		
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 10/22/92 M. KERRIGAN KERRIGAN 3. TIME OF DEATH AGNES AGNES 22 1310 10 92 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTHO /29/02 (Month, Day, Year) /29/02 9 29 02 IF UNDER 1 YEAR IF UNDER 24 HRS. 216-03-5260 1 - M 2 X 90 HOURS MARYLAND 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ARBUTUS MARYLAND BALTIMORE 1 YES 2XX NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21227 3300 BENSON AVENUE U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NAO Specify: 14. RACE — American Indian, Black. White, etc. 1 Never Married 2 Married BY WHITE 3 X X Idowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOUSEWIFE OWN HOME must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) JOHN JOY MARY SUMMERS 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 0 KERRIGAN 5912 HARFORD AVENUE, BALTIMORE, MARYLAND 21207 20e. METHOD OF DISPOSITION
1 ABurtal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State MT. OLIVET CEMETERY 10/26/92 4 Donation 5 Other (Specify) FREDERICK. MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD.21228 medical 23 PART/I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. Last only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death # disease or condition CHE resulting in death) traumatic event, DUE TO JOR AS A CONSEQUENCE OF Mysearbral 2 weeks CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury injury, or other OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? Hem 23 shows any 1 - YES 2. 1 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL OTHER: 1 | YES 2 | /NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO 87 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 15 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide MPORTANT: II Ilem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Advo MD 192 10 22 9 36: NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CATON AVE 900

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AGNES

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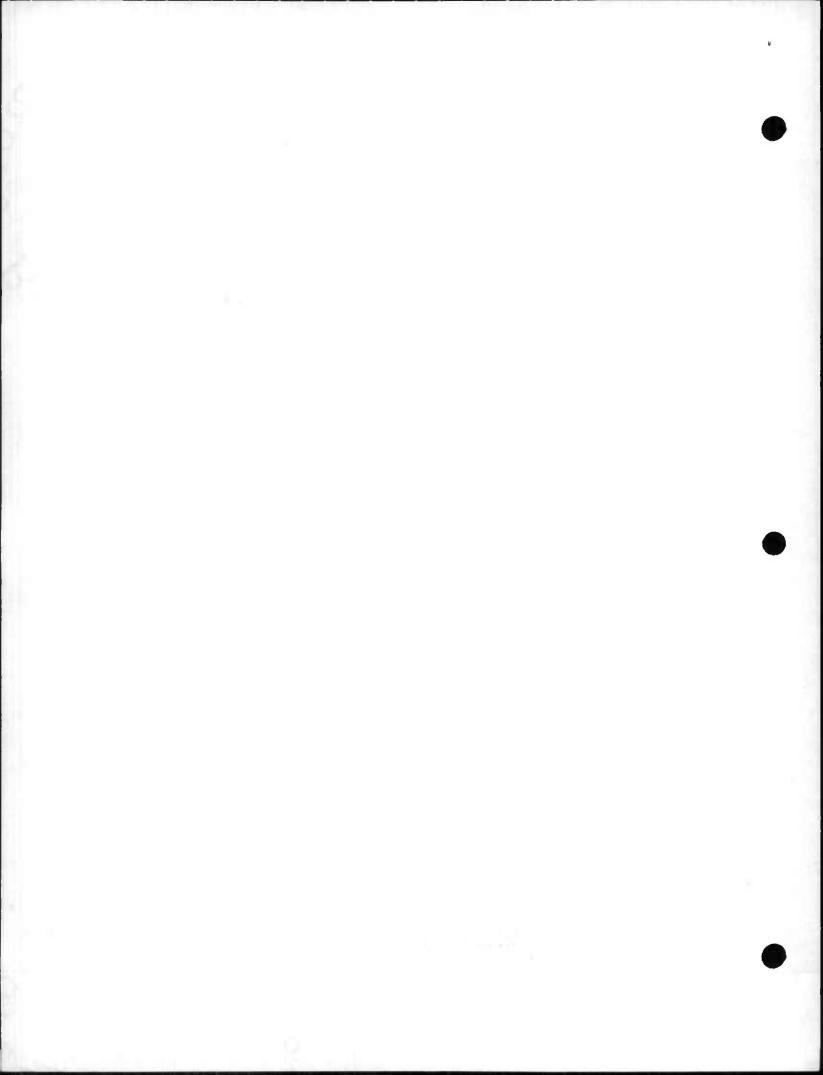
1992

31. DATE FILED (M)

SARKODEE - ADOD

32 ANGISTING S SIGNATURE TONGLES

BALTO MD 21229.



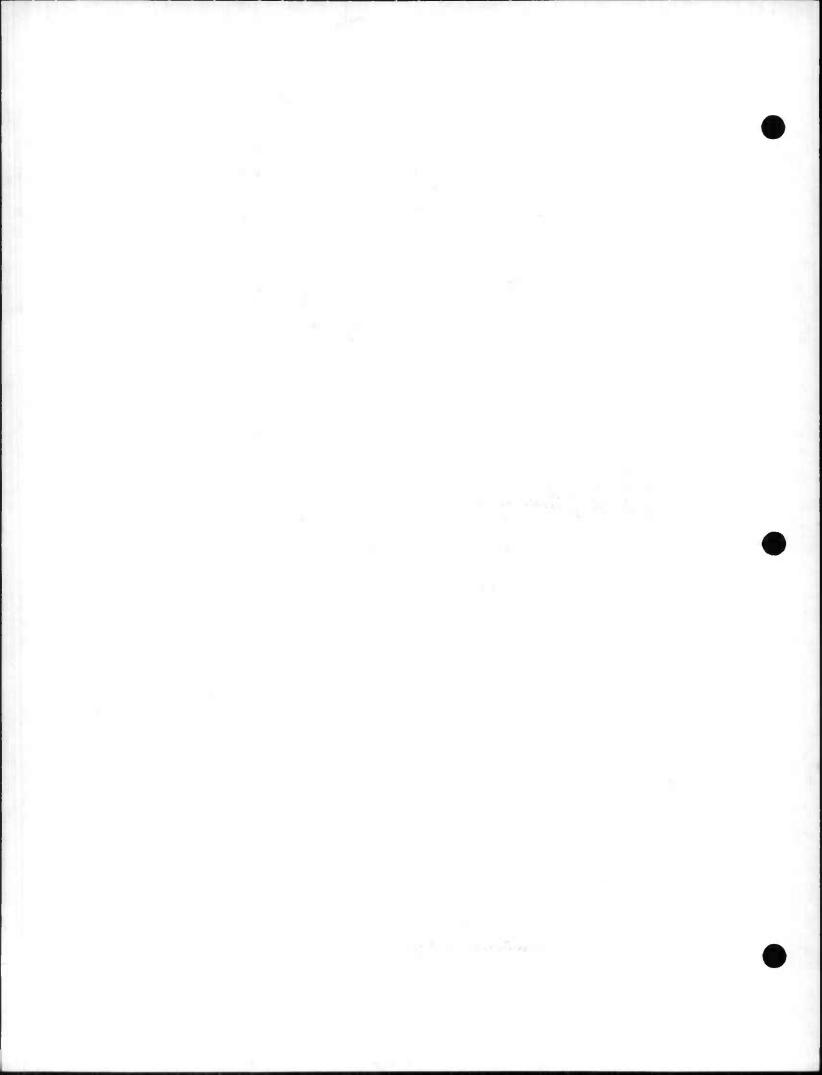
	1. DECEDENT'S NAME (First, Middle, Last) Herbert	1 W		44		MONT	of DEATH DA	1992	3. TIME OF O		
	4. SOCIAL SECURITY NUMBER 212-10-5744		(In yrs. 74 YF	MONTHS DAY		-{Mon	of sirth th. Day. Year) e 15,19		BIRTHPLACE (State of Country) Maryland		
TOR	90. FACILITY NAME (If not institution, give University Hosp RESIDENCE OF DECEDENT			9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF Baltimore							
DIRECTOR	Maryland 106. count		100	Baltim	5-4		10d. INSIDE C LIMITS? 1 X YES 2				
FUNERAL	3034 Guilf				U. :			S. A.			
BE COMPLETED BY FUI	11. MARITAL STATUS 1 Under Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT OF REFERENCES? 1 YES	2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Speci	N? (Specify Yes Rican, etc.)	or No—	I. RACE — American II Black, White, etc. Specify: Whi			
	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) NA		(Give kin	NT'S USUAL OCCUPY d of work done during OT use retired.)	16b. KIND OF BUSINESS/INDUSTRY			-110			
	17. FATHER'S NAME (First, Middle, Last) George H. Kraft		1140	A DIIVEI	18. MOTHER'S N.				ier		
TO B	196. INFORMANT'S NAME (Type/Print) Maxine Elkins (D	<u> </u>		MAILING ADDRESS (Street and Number or Flural Fourte Number, City or Town, State, Zip Code) O3 Orlando Ave., Baltimore, Md. 21234							
	4 Donation 5 Other (Specify)	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home 3331 Brehms Lane, Baltimore 23. PART i Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arr										
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	· TOBA	tostali A CONSEQUENCE CO AB	2/5E			urac or respir	atory arres	interval		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. TOBATO DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE	2/5E 22 OF): DE OF):	ance	_			interval		
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. TOBATO DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE	2/5E 22 OF): DE OF):	ance	_		AUTOPSY MED?	interval		
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ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNIER OF DEATH 1 Netural 5 Pending	DUE TO (DR AS A DUE TO (DR AS	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not result Experient 3 D 28b. Y — At home, fin	25. OF): 25. OF): 26. OF): 27. OTHER: DA 4 Nursing H TIME OF INJURY M 1	ing cause given in	Part I. heck only of Coth. 28d. DE	24a. WAS AN / PERFORM 1 YES 2 THE SPECIFY SCRIBE HOW IN	AUTOPSY MED? (2) NO	24b. WERE AUTOPS AMALABLE PRI COMPLETION COF DEATH? 1 YES 2		
MPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (Morth, Dey, Year) 28e. PLACE OF INJURY (Morth, Dey, Year)	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not result Expatient 3 DX 28b. Y — At home, fa	26. 27. 28. 29. 20. 20. 20. 20. 20. 20. 20	ing cause given in PLACE OF DEATH (C) PLACE	Part I. heck only of Other 28d. DE 28f. LOC City	24a. WAS AN PERFORM 1 VES 2 Town (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	AUTOPSY MED? ID NO	24b. WERE AUTOPS AMALABLE PRI COMPLETION C OF DEATH? 1 YES 2 [
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	DUE TO (DR AS A DUE TO (DR AS	A CONSEQUENCE A CONS	26. 27. 28. 29. 20. 20. 20. 20. 20. 20. 20	ing cause given in PLACE OF DEATH (C) PLACE	Part I. Deck only of the Call DEck of the Call Deck of t	24a. WAS AN PERFORM 1 VES 2 Town (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	AUTOPSY MED? LYNO GJURY OCCUP and Number or ner as stated d due to the o	24b. WERE AUTOPS AMALABLE PRI COMPLETION C OF DEATH? 1 YES 2 [

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

F VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The law requires that the death certificate be executed within 24 hours after death. Page 8 mount of the page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be state that the death of the page 1, 2, 3 should be considered for use as the burial-transit permit. Pages 1, 2, 3 should be considered for use as the burial-transit permit.	over.	TO BE COMPLETED BY FUNERAL DIRECTOR	10.0 10.0 11.1 1 [3 [17. 19.6 1 1 1 4 [1 21. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DIVISION OF VITAL RECORDS, P.O. BOX 68760, IN THE HOSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The HARTHAN After this certificate been signed by the attending physician committee of the property of the state has the burial Haringa property filled in the funeral director, page 5 should be detached for use as the burial-train committee of the property of the state has the purial-train.	IMPORTANT: If tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	See if can C/J thirtee PA 25.

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIEN	E	2.3010			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	Maxine	Engli	ish	Kellum	10 21	1991	n l			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	0. Bit	RITHPLACE (State or Foreign			
- 3	216 14 9660	1 □ M 2 😾 F 68	3 YRS.	ONTHE DAYS HOURS MIN.	Oct. 10.		lew Jersey			
	Sa. FACILITY NAME (If not institution, give st	reet and number)	9	6. CITY, TOWN OR LOCATION OF E		9c. COUNTY O				
DIRECTOR	1.0514 Sussex R	oad		Ocean City	Worcester					
E E	10a, STATE 10b, COUNTY		10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY				
		ester	C	cean City		1 YES 2X NO				
₹.	10e. STREET AND NUMBER			10f. ZIP CODE	10g. CITIZEN C	F WHAT COUNTRY?				
FUNERAL	10514 Sussex Ro			21842		USA				
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I		13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic	NIC ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian, lack, White, etc.			
B	3 XWIdowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TES 2 X NO Spec		S	DOCHY: WHITE			
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTR	·			
Ш	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of wor	k done during most of working etired.)						
4	12		County	liquor board	liquor b	oard				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Meiden					
BE (Carlton English			Anna	Ram					
9	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street and Number or Rural	Route Number, City or Town	n, State, Zip Code;				
	Carol A. Miller		386 O	cean Pines, Be	erlin, Md.	21811				
	20e. METHOD OF DISPOSITION 1 Deurial 2 Cremation 3 Remo		b. PLACE AND DATE OF		DATE 20c. LO	CATION — City or	Town, State			
	4 Donation 5 Other (Specify)		unset Men	orial Park 10		lin, Md	•			
	21. SIGNATURE OF FURERAL SERVICE LIC	ENSEE		Burbage Fund		108 Wi	Iliame St			
	W. Hut 12	utas	and the second	Berlin, Md.		100 111	mains st.			
	23. PART I Enter the diseases, or o shock, or heart failure. I	omplications that cause	d the death. Do not	enter the mode of dying, su	ch as cardiac or respi	ratory arrest,	Approximate			
1	IMMEDIATE CAUSE (Final	and orapional cause on e	racri mie.	_			Interval Between Onset and Death			
	disease or condition									
	Destrict Court	DUE TO (OR AS A CONSEQUENCE OF):								
No.	Sequentially list conditions, a CHRONIC ALCOHOLISM									
CERTIFICATION	if any, leading to immediate cause, Enter UNDERLYING									
윤	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS /	A CONSEQUENCE OF):				_			
E	resulting in death) LAST	1					!			
ÄL	PART II. Other significant conditions	a contributing to death b	out not resulting in	the underlying cause given in	AN AUTOPSY 24b. WERE AUTOPSY FINDINGS ORMED? AMAILABLE PRIOR TO					
ă					1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?			
Z					/		1 TES 2 NO			
Ä										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	heck only one)					
1YS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outs 28a, DATE OF INJURY		☐ Nursing Home 5 Residence						
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME (DF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED				
BY	2/ Accident Investigation 3 Suicide & Could set be	28e. PLACE OF INJURY	/ — At home, farm, atru		28f. LOCATION (Street a	and Number or Du	al Doub Number			
COMPLETED	4 Homicide determined	building, etc. (Spec	city)	or, motory, amou	City or Town, State)	ING NUMBER OF FIGH	ar nouse number,			
9	29a. CERTIFIER 1 CERTIFYING PHYSIC	NAM: To the best of an incom	4-4							
₹ I				it the time, data and place, and du in my opinion, death occured at th			100 000			
	296. SIGNATURE AND TITLE OF CERTIFIER		-							
8	UM, TE ON	DX Ch	M	O . C . N	CONTRACTOR OF THE PROPERTY OF		HED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type P		1 · C ·	10/	22/1992			
	MARIO F GOLI	19. TR. IMAD		Street, Bal	timoro	Marria	nd 21201			
	31. DATE FILED (Morth, Day, Year)	Д да периструп'я вид	ATURE	Dereet, Dal	cimore, I	лагута	nd 21201			
	DCT 27 1992 /	John Davidson-V	andell							



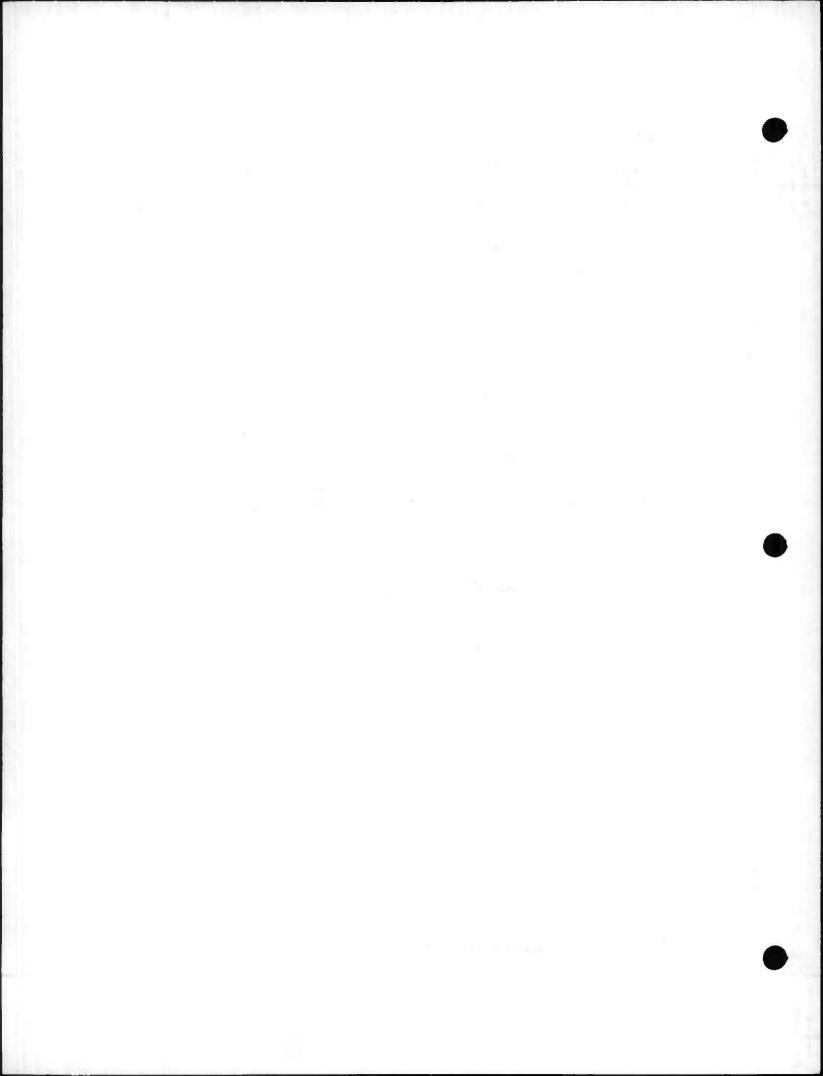
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TO THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	NO LIBERTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p be filled within 72 hours after death with the State Deot, of Health and Mental Hotelee prior to burial, cremation, or removal.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

9	2	2	9	8	7	L

		1. DECEDENT'S NAME (First,	, Middle, Lest)					NOTT			2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATN				
		4. SOCIAL SECURITY NUME	RFR .	MARII	MARIE 6. AGE (In yrs. lest birthdey)				41444	10 2	5	92	725 A H		
		2/2-30-	77	5. SEX	21	YR	MON	THE DAY	-	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	//	Countr		
- 1	ŀ	9a. FACILITY NAME (If not in			9/		9b.	CITY, TOW	N OF	A LOCATION OF D	FATH	9c cos	MAR:	YLAND	
9	5	4.4	OSPITT		4		"	A					EAIN		
3	5	RESIDENCE OF DEC	CEDENT					1211	41	774072			N/A		
l u	UNECTOR	10a. STATE	10b. COUNT	Y		10c.	CITY, TO	WN OR LO	CATH	ON				10d. INSIDE CITY LIMITS?	
		MARYLAND ANNE ARUNDEL				G	LEN	BURN						1 TES 2 X NO	
FINEDAL		10e. STREET AND NUMBER							101.	ZIP CODE		TIZEN OF W	WHAT COUNTRY?		
ų.		7885 GORDON	COURT		. 581				_	1060		1.	S.A.		
	- 4	1 Never Married 2	Married	FORCES? 1	YES 2	EVER IN U.S. ARMED YES 2 NO			spec	cify Cuben, Mexic	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	s or No-	14, RACE Black	- American Indian, c, White, etc.	
2		3 Widowed 4 Divo	rced	IF YES, GIVE W	AR OR DATES			1 🗆 Y	ES 2	2 NO Speci	γ:		Speci	MITE	
C		15. DEC	CEDENT'S EDU	CATION	16a	DECEDEN	T'S USU	AL OCCUPA	ATION	N .	16b. KIND OF BU	SINESS/IN			
[Elementary/Secondary (0		College (1-4 or 5+)	life. Do NO	of work o	done during ired.)	most	t of working					
9 9		8		0		HOMEN	IAKE	R			OWN I	HOME			
once.	3	17. FATHER'S NAME (First, M	liddle, Last)						Т	18. MOTHER'S NA	ME (First, Middle, Maiden	Sumeme)			
P a			URMAN	XX	XXXXXXX				1	MARY	COI				
TO B	- 11	194. INFORMANT'S NAME (7				19b. MAIL	JNO ADD	PRESS (Street	et an	d Number or Rural	Route Number, City or Tow	n, State, Zi	ip Code)		
9		FLORENCE MC)			_	RETT	_		GLEN BURN			LAND 21060	
must		1 Buriel 2 Cremetic	on 3 🗆 Rem	oval from State	cemetery	cremetory	or other o	SPOSITION (lace)			1		- City or To	•	
	Ì	4 Donestion S-Nother (Specify) ENTOMBMENT GLEN HAVEN MEMORIAL PARK 10/28GLEN BURNIE, M. SIGNATURE OF FUNERAL SERVICE LICENSEE											MARYLAND		
examiner		DIL.	1/00	フ	0						JNERAL HOM	Ξ			
	4	1-SECOND AVE. S.W. GLEN BURNIE, MD. 21061 23. Part Auto the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximates													
event, the medical		Approximats Interval Between IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximats Interval Between Onset and Death Due To (OR AS A CONSEQUENCE OF):													
	.														
CATION		Sequentisity list conditions, if any, leading to immediate b. CAD — ASCVD DUE TO (OR AS A CONSEQUENCE OF):													
. 0		cause. Enter UNDERLYi CAUSE (Disesse or inju		a CAM	DIAC	An	roty	177/0	u	MA C	PACEMA	KER			
or other		that initisted events resulting in death) LAS	т .	DUE TO	OR AS A CON	SEOUENCI	E OF):			.0 44	PACEMA DASS 20	70 4	./		
20 2				d. 3/10	HORT	1	1851	EN/E	re	ic by	DASS 1	10 01	YNON	/C	
흥 _	. 0	PART ii. Other significs	nt condition	s contributing to	death but n	ot resultin	ng in th	e underly	ing	cause given in	Part I. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS	
amy C		MEKNTS	ERIC	ISCH	EALL	4-	C	Hnu.	N.	1C	1 _ YES 2			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
615												4.		1 TES 2 NO	
23 sh															
SICIAN.		25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	NOSPITAL:			1 07		PLA	CE OF DEATH (C/	eck only one)				
5 6		1 TES 2 NO		1/1 Inputient 2	ER/Outpatien	3 🗆 DO		HER: Nursing H	ome	5 🗆 Residence	6 Cher (Specify)				
marked, or BY PHY		27. MANNER OF DEATN 1 DO Neturel 5	Pending	28a. DATE OF (Month, De		28b.	TIME OF		NUUR	RY AT	28d. DESCRIBE NOW	NJURY OC	CURED		
		2 Accident	Investigation	00- 01405 01	- 104 41 1004					S 2 NO					
28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										loute Number,					
E		29a, CERTIFIER							_						
29c. LICENSE NUMBER 29d. DATE SIGN 29d. DATE SIGN 29d. DATE SIGN) and manner as stated.				
E W 29c. LICENSE NUMBER 29d. DATE SIGNED (Month,									(Month, Day, Year)						
¥ 0	- 8	A HAME AND ADDRESS OF	Depend to	7,5					1	15 244	161452	7	0/25/	192	
		AS NAME AND ACCRESS OF	PERSON WH	O COMPLETED CAUS	e of Death (ITEM 27) (1	ype, Print	")							
		31. DATE FILED (Month, Dey,		32. REGISTRA	R'S SIGNATUR	E			_	-		_			
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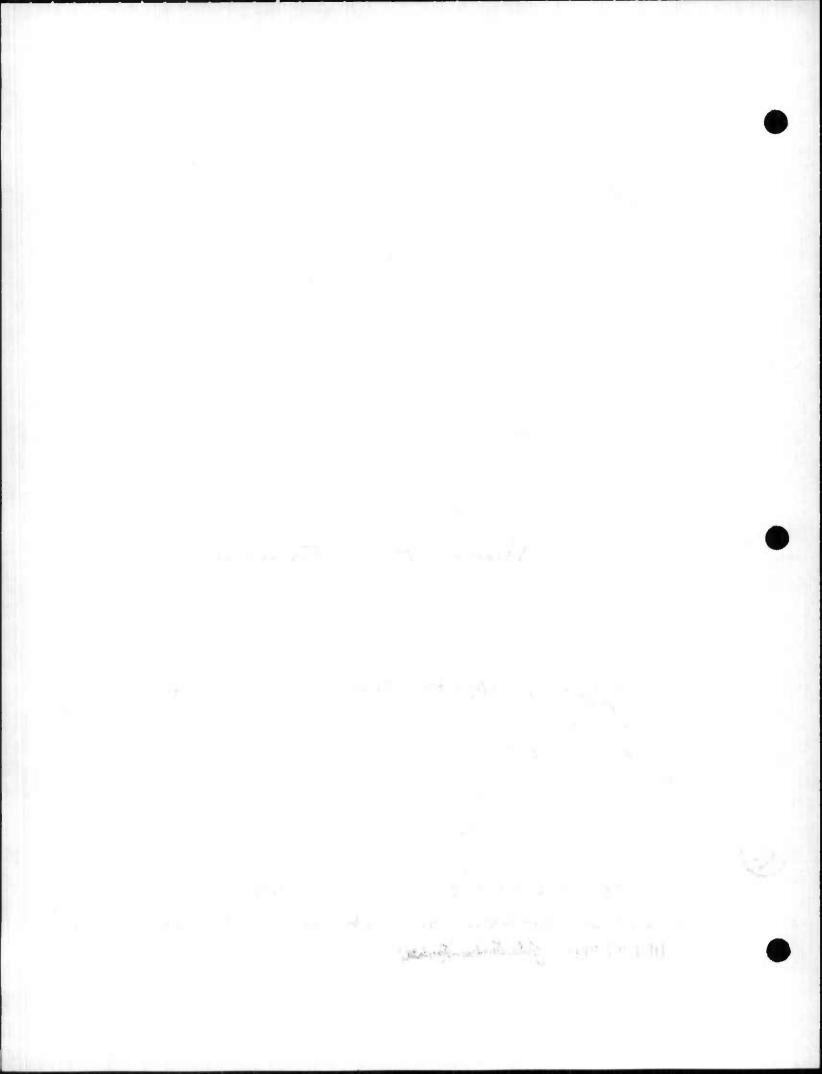


VISION OF VITAL RECORDS, P.O. BOX 68760, ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. RECTIR: After this certificate has been sinned by the attending objection or physician and completely filled in by the finested for season to be privated for season to be	The state of the s	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, O. TH. Company of ATTENDING PHYSICIANS: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The fine of the hospital or attending physician.	be filed with removal after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPAR					MENTAL HYGIEN REG. NO.	E	92	29875
	1. DECEDENT'S NAME (First, Middle, Lest)	Helen Le	onard	d				2. DATE OF DEATH MONTH DA	Y	YEAR	3. TIME OF DEATH A
	1. SOCIAL SECURITY NUMBER 153-26-8518		yrs. last birthday) YRS.	IF UNDER	I TYEAR IF UNDER 24 HRS. DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year) 5-27-0		_	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY,	TOWN 0	R LOCATIO	ON OF DE			INTY OF D	EATH
DIRECTOR	RESIDENCE OF DECEDENT			Anı	nap	olis	5		Anı	ne A	rundel
REC	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?
	MD Anne	Arundel	Anr	napol							1 X YES 2 NO
ERA	695 Americana	Drive				21P CODE 2 1 4 0				ZEN OF W	HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 SNO	11	WAS DECI	ENOENT O	F HISPANI	IC ORIGIN? (Specity Yes i, Puarto Rican, atc.)		14. RACE	- American Indian, , White, atc. y: White
LETED	15. DECEDENT'S EDUC (Specify only highest grade : Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	6a. DECEDENT'S (Give kind of life. Do NOT us	work done do se retired.)	CUPATIO	N at of workin	g	16b. KIND OF BUS			
MP	1 2 17. FATHER'S NAME (First, Middle, Last)		Housev	vite						nold	
BECOMPLET	Charles Murphy	У						ME (First, Middle, Malden : erine Hav			
TO B	19a. INFORMANT'S NAME (Type/Print) John R. Leona:	rd	196. MAILING	Amen	(Street at	nd Number	or Aural A	oute Number, City or Town Ve, Anna	o, State, Zij	Code)	D 21403
	20s. METHOD OF OISPOSITION 19 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State 20b. Pl	LACEAND DATE	of Disposition (No. 1)	TION/Nar	ne of	Cei	1		city or Ton	vn, Stata , VA
	21. SIGNATURE OF SUNERAY SERVICE LICE			22. N Ha1	rdes	o ADDRES	s of fac Fun	eral Home	e, E	.A.	
	anock, or heart failure. List only one cause on each line.										Approximate Interval Batwean Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO									
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Swallswar day from the performed? CHF COPO 248. WAS AN AUTOPSY PERFORMED? 1 YES THO 1 YES 241-NO										
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		CE OF OE	ATH (Chec	ck only one)			
BY PHYS	1 YES 2 NO 11 Impetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28d. OESCRIBE HOW INJURY OCCURE									CUREO	
	2 Accident Investigation 3 Suicide a Could not be detarmined 4 Homicide detarmined 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number City or Town, State)									or Aural Ac	oute Number,
COMPLETED		IAN: To the best of my knowled									and manner as stated.
20h SIGNATIDE AND TITLE OF CERTIFIED										Month, Day, Year)	

31. OATE FILEO (Month, Day, Veer)

OCT 27 1992



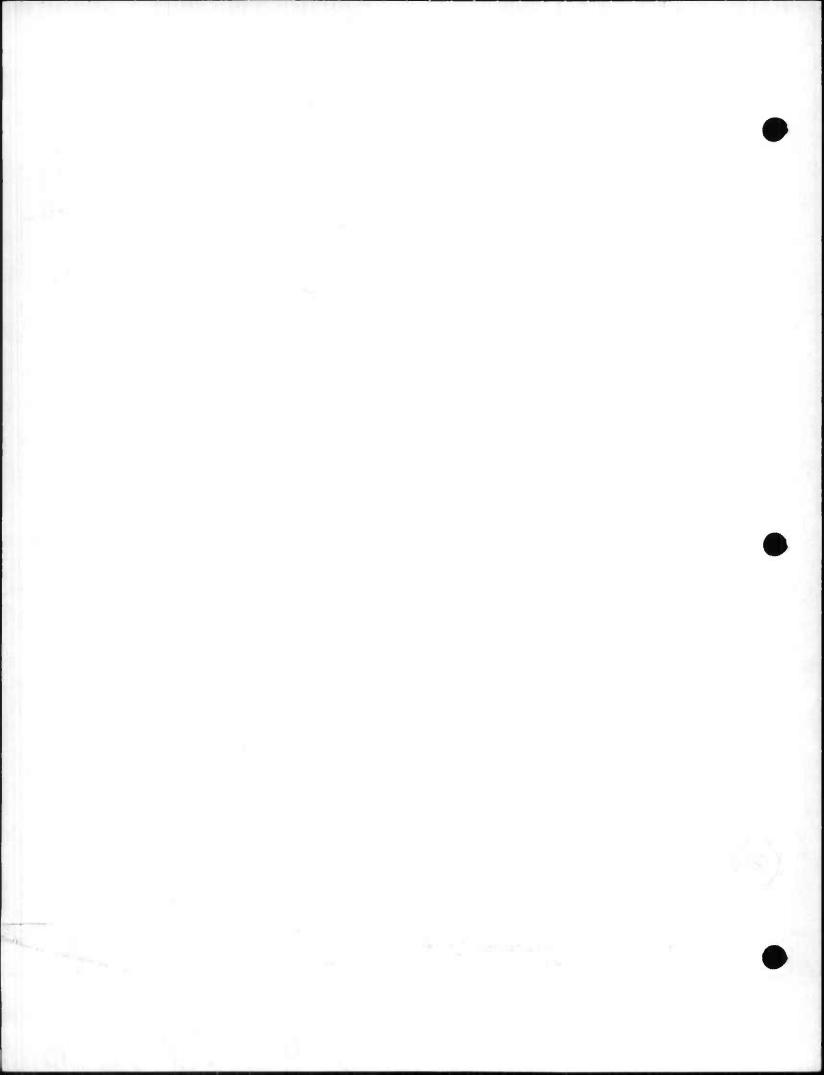
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BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending physician	pnu :
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	ECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		i 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTME CERTIFICA			MENTAL	HYGIENE	<i>J</i> <u>L</u>	2.3070			
1	1. DECEDENT'S NAME (First, Middle, Last) Mary Long	us (MARY LON	NGUS GRIG	GS)		2. DATE :	OF DEATH					
9	917-8277118	□ M 2 Ø F 3	1 YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Vear) (8-27-61			RTHPLACE (State or Foreign unity)			
TOR	Sa. FACILITY NAME (If not institution, give street University of Mar	y-land Hospita	1/		none, Ma		n.d	Bal	himore			
FUNERAL DIRECTOR	MARYLAND 106. COUNTY		BALTI	MORE				10d. INSIDE CITY LIMITS? 1 △ YES 2 □ NO				
ERAI	100. STREET AND NUMBER 1605 APPLETON S	TREET			21217				F WHAT COUNTRY?			
BY FUN		2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	∑(NO	13. WAS DECE	ENDENT OF HISPAL city Cuben, Mexico 2XXXVO Specific	arı, Puerto R	? (Specify Yes lican, etc.)					
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co. Elementary/Secondary (0-12)		DECEDENT'S USUAL (Give kind of work do Me. Do NOT use retire	ne durina mos	N t of working	16b.	KIND OF BUS	INESS/INDUSTR	Y			
NO.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, M	liddle, Meiden S	Surname)				
BE (ROBERT LONGUS				EVELYN							
2	19a. INFORMANT'S NAME (Type/Print) LONGUS, EVELYN C.	:	196, MAILING ADDR						YLAND 21217			
	20a. METHOD OF DISPOSITION 1	20b. PLA	ACE AND DATE OF DISP Cremetory or other ple LERN STAR	OSITION (Nan	ne of	DATE	20c. LOC	CATION — City of				
	21. SIGNATURE OF PUNERAL SERVICE LICEN			22. NAME AN	ADDRESS OF FA	CILITY			MARILAND			
	I would	Oste	Contract of the Contract of th		BROTHER UTAW PL				RYLAND 21217			
CERTIFICATION	IMMEDIATE CAUSE (Finel	DUE TO (OR AS A COM	St cardinsequence of):	oc of	rest w	oj.Kn	prolo	nged s	Interval Between Onset and Death			
PHYSICIAN: MEDICAL CEF	PART II. Other significant conditions of	contributing to death but n	ot resulting in the	underlying	cause given in	1 Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Formily deru			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	1		CE OF DEATH (Ch	neck only one)					
IYSI		28s. DATE OF INJURY		turning Home	5 Residence							
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOF		28d. DEŞ	CRIBE HOW IN	JURY OCCURED				
	2 Accident Investigation 3 Suicide 8 Could not be determined	nd Number or Rui	al Route Number,									
COMPLETED		N: To the best of my knowledge On the basis of examination and							e(s) and manner as stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Officerial Chic	- Medical 1			29c. LICENSE NUI	MBER			IED (Morith, Day, Year) 22 - 92			
-	30. NAME AND ADDRESS OF PERSON WHO C	Maryland	Hospital)								
1	OCT 27 1992	32 BEGISTHAN'S EIGHATUR	ile,									



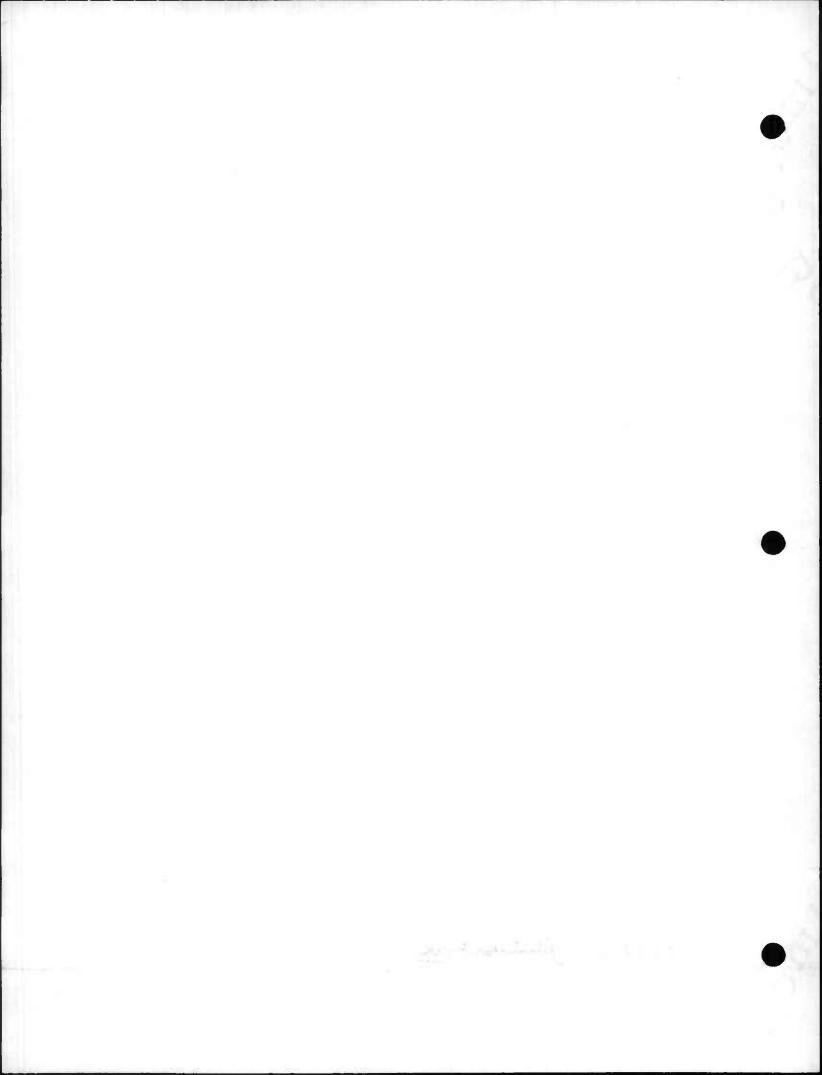
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1 - FOR STATE REGISTRAR

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	100	1. DECEDENT'S NAME (First,		2. DATE OF DEATH DAY YEAR 1. TIME OF DEATH 10 21 92 1618												
pp.		4. SOCIAL SECURITY NUMS 023 24 160	9	5. SEX 1	6. AGE	(in yrs. lesi	YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF E (Month, De Jan.	y, Year)	192B	Country)	ACE (State or Foreign
1, 2, 3 shoo	TOR	SHADY GR	OUE A	DVENTIS	TH	losp	ITAL			ORLOCATI				Montgomery		
physician. burlal-transit permit. Pages 1, 2, 3 should	- DIRECTOR	10a. STATE Ohio	But1					Vest	che	este		LIM			INSIDE CITY LIMITS? YES XX NO	
an. ransit pen	FUNERAL	100. STREET AND NUMBER 8608 Goldf	inch	Way			101. ZIP CODE 4 5 0 6 9									States
attending physician. se as the burlat-tran	ВҰ	11. MARITAL STATUS 1 Never Married X X 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 , N	NO If yes, specify Cuben, Mexica					can, Puerto Rican, etc.) Black, V			American Indian, white, etc.	
spital or led for u	COMPLETED		EDENT'S EDU- highest grade		+)	(Gh	a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker					166. KIND OF BUSINESS/INDUSTRY				
38 %	ш	17. FATHER'S NAME (First, M.) Raymond L.			1115-52				ia Bu							
e retained s 5 should notified	TO B	Paul J. Lu			ADDRES			or Rural R	oute Number, C	Uty or Town,	State, Zip (Code)				
e 6 may be ector, page must be		20a. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State	20t	PLACE A	ND DATE	OF DISPOS	Cen	lame of Nete:	rу	10-26		ATION - C		nship,Oh
after death. Page 6 may be by the funeral director, page smoval.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY IVES—Pearson, Funeral Arlington, Va. 2.														
ned within 24 hours after completely filled in by the fall cremation, or removal c event, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition as a consequence of): DUE TO (OR AS A CONSEQUENCE OF):														
certificate be execuding physician and hygiene prior to but r other traumation	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											1/2-			
requires that the can signed by the of Health and Me	MEDICAL	PART II. Other significa	nt condition	s contributing to	death b	out not re	sulting	in the ur	deriyin	ng cause (given in F		WAS AN A PERFORM	ED?	CC	ERE AUTOPSY FINDINGS BALLABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
N: The law req icate has been State Dept, of Item 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	A Section III as a			OTHE	₹:	LACE OF D	STIT.					
HYSICIA his certif with the fked, or	BY PHYS		Pending nvestigation	28a. DATE OF (Month, D	INJURY	patient 3	28b. TIM	_	28c. IN.	JURY AT ORK? YES 2		Other (Sp. 28d. DESCRIE		JURY OCCU	PRED	
after d	ETED B	3 Suicide 6	Could not be letermined	28e. PLACE O building,	F INJURY etc. (Spec	— At hon	ne, farm, :	street, fact	ory, offic	ce		28f. LOCATIO City or To	N (Street an wn, State)	d Number o	r Rural Roul	e Number,
THE HOSPITAL OFFICE THE FUNERAL DIFFER THE PORTANT: If Item 2	COMPLE	444		CIAN: To the best of R: On the basis of a												nd manner as stated.
TO THE HOSPI TO THE FUNER be filed within	O BE	296. SIGNATURE AND TITLE	U.	n						29c. LICE	NSE NUMI	BER		29d. DATE	SIGNED (M	onth, Day, Year)
10			RIEDI	7 ASV	15	22	27) (Type,	Print) SMA	DY	GRO	VE	Rd	, 6	OCK	ulle	me
19		31. DATE FILED (Month, Day, 1	. /	32. REGISTRA	A- POT	ATURE						/				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



TO THE HUSEITAL OR ATTENDING PRISICIAN. The law mounts that the death certificate be executed within 50 gurs after death. Page 6 may be retained by the hospital or attending physician.

IN THE RUNERAL DIRECTOR After this certificate has been agreed by the amonging physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

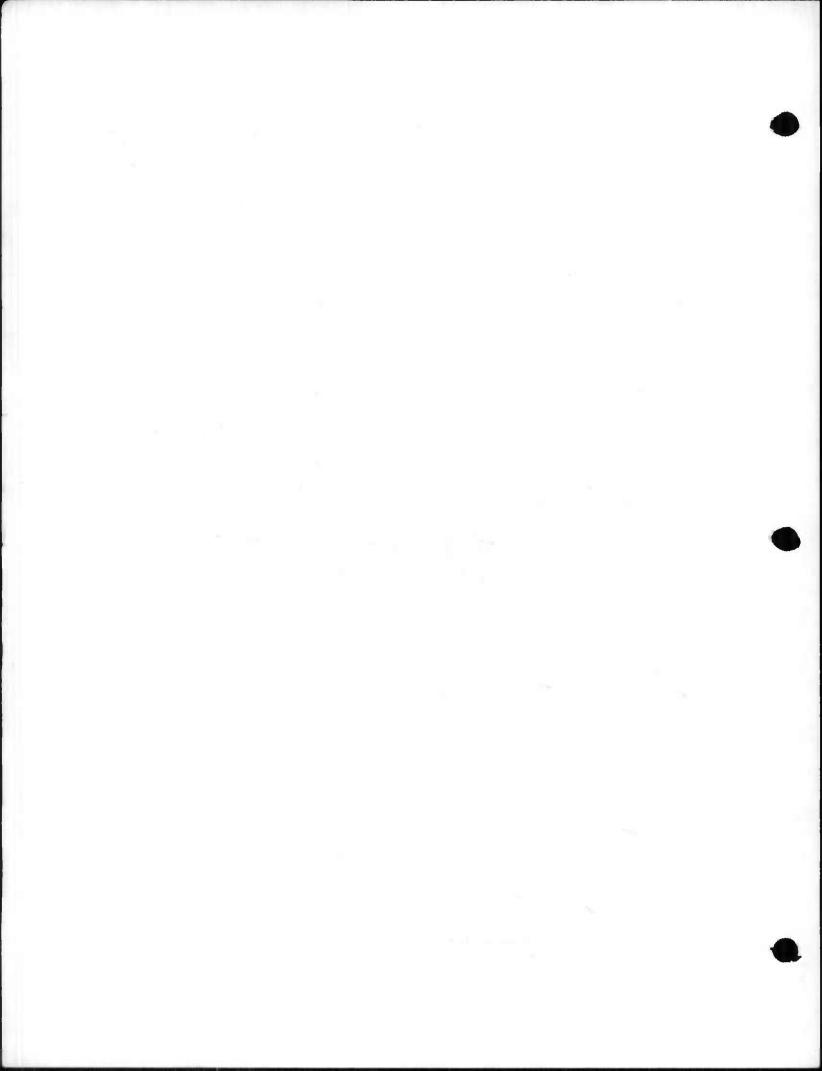
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1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.														
									2. DATE OF DEATH	DAY	YEAR	3. THE OF	DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. I				IF UNDER	1 24 HRS.	7, DATE OF BIRTH		HPLACE (State	or Foreign				
	212-01-9546 10 M2 WF 90				YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)	1902	Ba	"H. 1	48.	
	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWH	OR LOCATI	ON OF DE	N OF DEATH 9c. COUNTY OF DEATH					
OR	Stella Maris Hospice Towson 11d Stelle Mores 13g/									Hin	1010			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY					C. CITY, TOWN OR LOCATION 10d. INSIDE CITY								
HO	Maryland	Tov	owson				1 ☐ YES 2 🔀 N							
AL.	104. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WH									WHAT COUNT	IRY?			
FUNERAL	2300 Dulaney Valley Road					21204				U.S.A.				
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN FORCES? 1 YES			YES 2 🔀	2 NO If yes, specify Cuban, Maxica						ACE — American Indian, ack, White, etc.			
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DA				TES 1 ☐ YES 2 💢 NO Specify:							specify: hite		
<u>n</u>	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (G					ECEDENT'S USUAL OCCUPATION 3ive kind of work done during most of working				b. KIND OF BUSINESS/INDUSTRY				
	Elementary/Secondary (0-12) College (1-4 or 5+)					iffe. Do NOT use retired.)								
COMPLETED					amstress				Grief Clothing Company				У	
		17. FATHER'S NAME (First, Middle, Last) Edwin J. Lessner					16. MOTHER'S NAME (First, Middle, Malden Surname) Clara Weber							
#						ADDRESS (Street		Vumber or Rural Route Number, City or Town, State, Zip Code)						
George G. Lessner 20a. METHOO OF DISPOSITION 20a. METHOO OF DISPOSITION (Name of cemetery, crematory or other place) 4 Donatton 5 Dither (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 6217 Catalpha Road, Baltimore, Mary 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Holy Redeemer Cemetery 10/26 Baltimore 22. NAME AND ADDRESS OF FACILITY														
											20c. LOCATION — City or Town, State			
											ore,	re, Maryland		
John C. Miller, Inc. 6415 Belair Road, Baltimore,												yland	21206	
	23. PART I. Enter the d	lleasses, or	I let only one on	una on abob lin		not antar the me	ode of dy	ing, auc	h aa cardlac or re	spiratory a	rrest,	Appi	roximata val Between	
	IMMEDIATE CAUSE (Final							1	inter the	fice .			et and Death	
	disesse or condition resulting in death)					1000000				7.0,				
1_1	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (on as a poinsequence br):													
CERTIFICATION	Sequentielly list conditions, Due to (or as a consequence or):									-1-				
S	ceuse. Enter UNDERLYING CAUSE (Disease or Injury													
E	that initiated eventa		DUE TO	(OR AS A CONSE	QUENCE C	UENCE OF):								
英	resulting in daeth) LAST													
1 - 1	PART II. Other signific	ent condition	ne contributing to	death but not	reculting	In the underlyin	ng ceuse	given in	Part I. 24a. WAS	AN AUTOPS'	Y 24		PSY FINDINGS	
일	Menselis Seven sathetis								_ 1 _ YES 2 _ NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Ment in Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.												1 _ YES 2 _ NO		
ä														
I C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:													
PHYSICIAN:	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOM 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 28s. DATE OF INJURY 28s. TIME OF 28s. DESCRIBE HOW INJURY OCCURED													
	1 💢 Natural 5 🗆		INJURY WORK?				1900							
0 87	2 Accident 3 Suicide 6	ome, term,					281. LOCATION (Street and Number or Rural Route Number, City or Town State)							
COMPLETED	3 Suicroe 6 Could not be 4 Duilding, atc. (Specify) City or Town, State)													
PLE	COMPON OTHY	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									tated.			
NO	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in the opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated,													
BE C	290. SIGNATURE AND TITL	E OF CERTIFIE	IR.	29c C	ENSE NU	MBER 4	29d. D	ATE BIOME	D-EMONTA, Day	Maci				
TO B	30. NAME AND ADDRESS O	ve perpendurille	in contil -th	IDE DE DE STIL	EM 070 07	o Dident	1/	, ,,			/2	7 40	eff.	
M ·	ANY LEWIS MALIN WINTERSTON (or previously with	CALL CAL	OU OF DEATH (I)	EM 4/} (IVD	w, c'THRI)	7 /		7///	Level A		4	r .	

CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRARIS SIGNATURE
Julia Daydon-Randalle

Day.

1992



24 hours after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH O O 726 MYERS SC. LOUIS 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Formior Month Day May 22 217-26-7237 1 💢 M 2 🗌 F page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH Baltimore County General FUNERAL DIRECTOR Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MD Baltimore 1 X YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 818 Brooks Lane 21217 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade Custodian 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) be notified at Charles Myers Bertha Smarts BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Maurine White Brooks Lane/Baltimore, MD 21217 20s. METNOD OF DISPOSITION
1 (C) Burial 2 Cremation 3 Real Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must director, Garrison Forest VA Cemetery Mills, Owings examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral ion, or removal. WM C. MARCH F.H./1101 E. NORTH AVE medical 23. PART I. Enter the diseases, or complications that caused the death, be not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart feliure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Finel Onset and Deeth the disease or condition resulting in death) the attending physician and completely Mental Hygiene prior to burial, crematic event, DUE TO (OR AS) other traumatic BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, If sny, issding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 any injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS has been signed by the Dept. of Health and N T 23 shows any Inj AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 ANO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 ND 26. PLACE OF DEATN (Check only one) the State D HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: me 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNED OF DEATN 28b. TIME OF INJURY 26c. INJURY AT WORK? with 1 marked, 26d. OESCRIBE NOW INJURY OCCURED 1 Netural DIRECTOR: After the hours after death we litem 28 is mark 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and ma BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 000 24, 1912 2 Je Jon

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DNMN-16 Rev 1/89

ation of a many

ITEMS:23 PART I,II,27 PER MEO G-693 11/5/92 reb

	1. DECEDENT'S NAME (First, Middle, Las	ef)		CERTIF	ICATE O	PUEATH		REG. NO.			
- 1	Timothy	•	D ->		M		MOR			EAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	Barry 6. AGE (In yrs.		MOOTE IF UNDER 1 YEAR		7. DAT	E OF BIRTH	199		ACE (State or Foreign
- 6	212-80-7311	1 ² M 2 □ F	30	YRS.	MONTHS DAYS	HOURS MIN.	(Mo	24/62		Country)	Md.
	9a. FACILITY NAME (If not institution, give	re street end number)			9b. CITY, TOW	N OR LOCATION OF			9c. COUNTY		
5	4732 Park Hei	ights Ave	enue		Balt	imore C	ity				
DIRECTOR	10e. STATE 10b. COUR			10c. CIT	Y, TOWN OR LO	CATION				10	Dd. INSIDE CITY
	100. STREET AND NUMBER				Darc						YES 2 NO
FUNERAL		twood Plac	۵			21215			10g. CITIZEN		AT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED		ECENDENT OF HISPA				RACE -	- American Indian,
	1XXNever Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	AR OR DATES	Мио		specify Cuban, Mexic ES 2 NO Spec		o Rican, etc.)			Black
- 1	15. DECEDENT'S E		16a,	DECEDENT'S	USUAL OCCUPA	TION	-1	6b. KIND OF BUS	INESS/INDLIS		DTACK
	(Specify only highest grant (0-12)	ade completed) College (1-4 or 5 -		(Give kind of a	work done during se retired.)	most of working		out rains or soo	WESS/MESS	Let	
COMPLEIED			B	Tue-Cr	rust Ca	tering			_		
	17. FATHER'S NAME (First, Middle, Last) Lensy Mod	ore				18. MOTHER'S N	1 an	, Middle, Melden	Surpame) 3. C		
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	It and Number or Pure	I Route No	mber Citure-Trus	- State 7in Co	rde)	
2	Lillian Moore				3400 C	otwood P	lace	2121)		
	20a. METHOD OF DISPOSITION 1	emoval from State		CE AND DATE	OF DISPOSITION		1		CATION — City		
	4 Donation 5 Other (Specify)		Kin	g Mémo	orial P	ark		/21/92	Rand	alls	stown Md.
	Julitia	6/20			22. NAME	and address of Farch Fund	eral	Home			
-	23 PART i Enter the diseases of	COUG	70		4	300 Wabas	sh Al	le.			
	shock, or heart failur IMMEDIATE CAUSE (Final	re. List only one ceu	t caused the se on each I	death, Do i	not enter the r	node of dying, su			ratory arrest	l,	
ENTIFICATION	shock, or heart failur	a. SEPSIS OUE TO BACTERIA DUE TO L. INTRAVE	(OR AS A CON AL ENDOC (DR AS A CON NOUS DRU (OR AS A CON	SEQUENCE OF	F): ; F):				ratory arrest	,	interval Betwe
SAL SAL	shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. SEPSIS OUE TO b. BACTERI DUE TO c. INTRAVE DUE TO	(OR AS A CON: AL ENDOC (DR AS A CON: NOUS DRU (OR AS A CON:	SEQUENCE OF	F): ; ; F):	node of dying, su	ch aa ca		AUTOPSY MED?	24b. W	interval Betwo
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BALTIMORE, MARYLAND 21215-0020

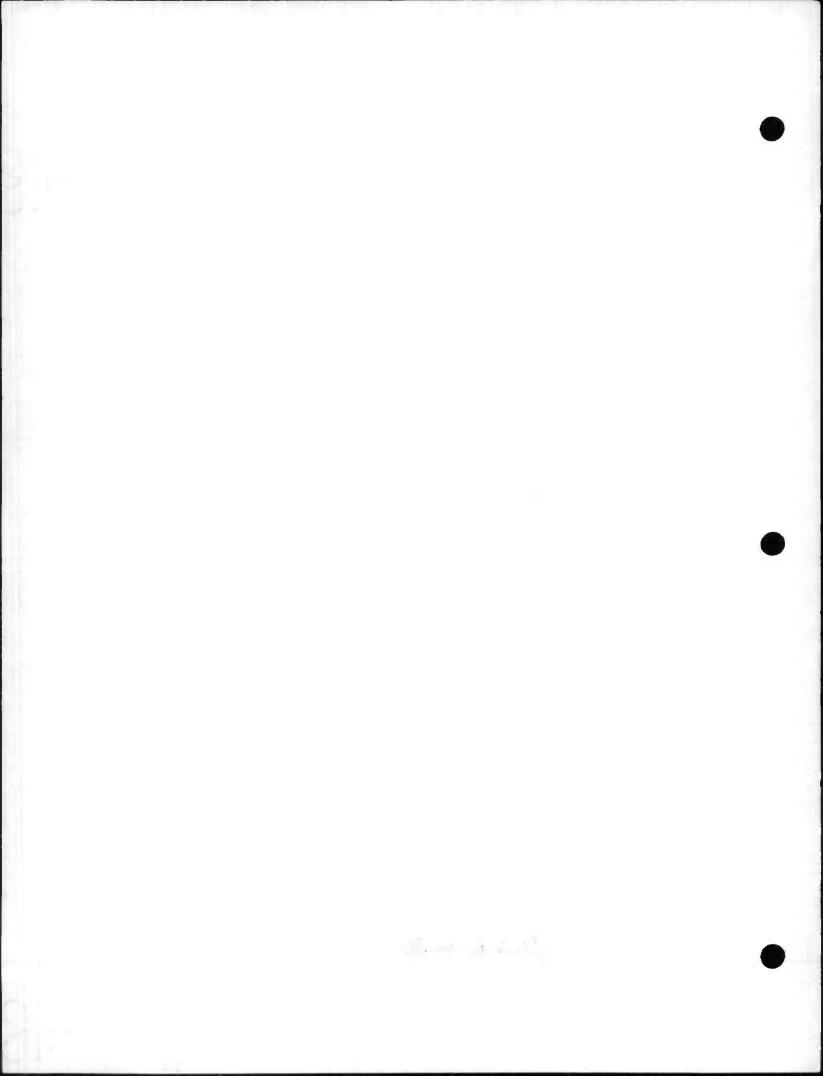
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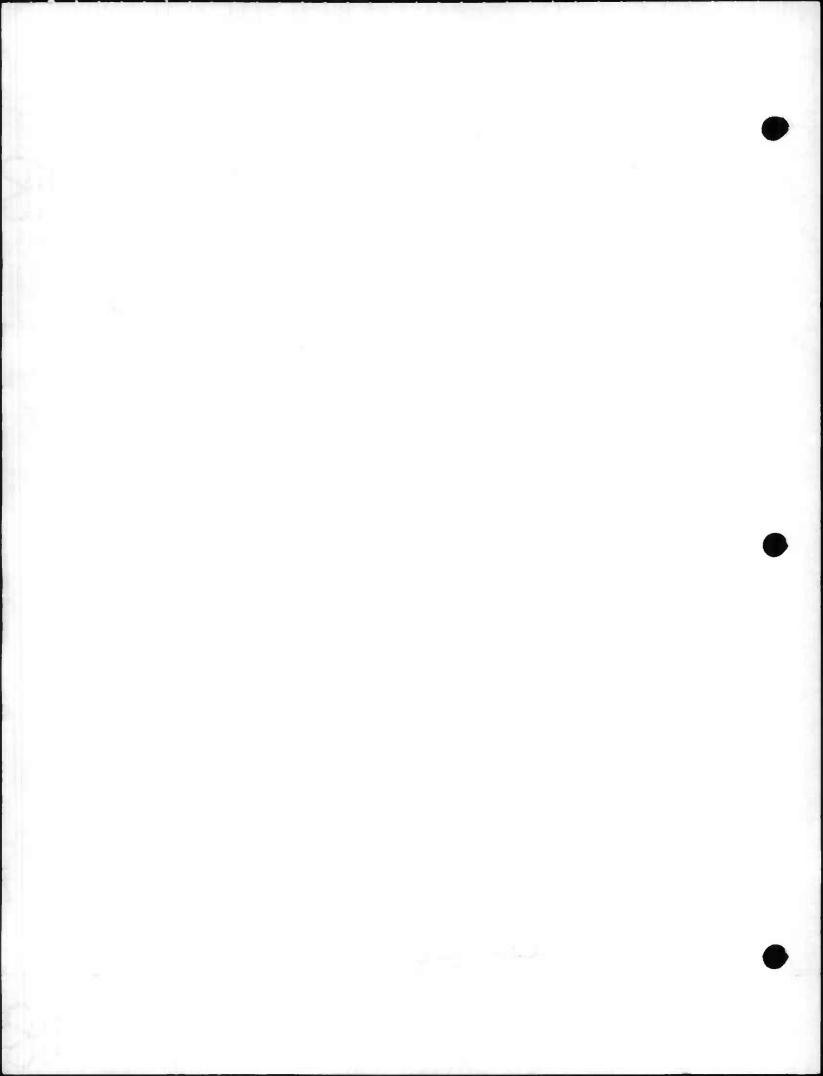
		FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO	je 9;	2 29	881
		1. DECEDENT'S NAME (First, Middle, Last)	**	11111111011	TE		2. DATE OF DEATH	26 92	3. TIME OF	DEATH
		HELEN M. 4. SOCIAL SECURITY NUMBER 5		MILLION n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		BIRTHPLACE (Stat	a. M
pin			□ M 2 💢 F	93 YRS.	MONTHS DAYS	HOURS MIN.	May 8, 18	99	Maryla Maryla	
3 should	<u>E</u>	9a. FACILITY NAME (If not institution, give street 3712 Mary Avenue	and number)		Baltin	OF LOCATION OF DE	ty.	9c. COUNTY		
s 1, 2,	2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		40. 000	TOWN OR LOCAT		Ly	1 14/7		
020 physician. burial-transit permit. Pages	DIRECTOR	Maryland N/A			timore	City		40.	10d. INSIDE	87
nt per	RAL	10s. STREET AND NUMBER			101	ZIP CODE			OF WHAT COUNT	
020 physician. burial-trans	FUNER	3712 Mary Avenue	. WAS DECEDENT EVER IN		13. WAS DEC	21206 ENDENT OF HISPAN	IIC ORIGIN? (Specify Ye	s or No- 14.	ed State	n Indian,
	BY	1 Never Married 2 XX Married 3 Widowed 4 Divorced	FORCES? 1 YES			2 NO Specify	n, Puerto Rican, etc.)		Specify: White, etc.	
YLAND 21215-0 by the hospital or attending be detached for use as the at once.	ETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION npleted)	16a. DECEDENT'S (Give kind of w life. Do NOT us	rork done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUST	RY	
YLAND 21 by the hospital of the detached for all once.	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		ewife					
AN the hor detach	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
RYL ed by ed by	BE	Matthew R.	. Finne			Sara	Α.	Gamme1		
MAR retained to 5 should	2	190. INFORMANT'S NAME (Type/Print) Andria Millionie	Sr		12 Mary		Baltimore,		•	206
ALTIMORE, death. Page 6 may be funeral director. page i.		20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remova	20b.	PLACE AND DATE O	F DISPOSITION (Ne			DCATION — City		.00
MOR age 6 ma director. p		4 Donation 5 Other (Specify)	Ga		Faith (Cem. 10/2		timore	Maryla	ind
BALTIMOR ter death. Page 6 m the funeral director. yad.		21. SIGNATURE OF FUNERAL SERVICE LICEN	Milton J	Knight Jr		ID ADDRESS OF FA	Bal	ltimore	•	21214
BA after do by the f emoval.		23. PART I. Enter the diseases, or con	polloatible that caused	the death Do n	Leor	nard J. R	uck, Inc. !	5305 Ha	rford R	
nours or re		shock, or heart failure. Lie iMMEDIATE CAUSE (Final	t only one ceuse on ee	ch ilne.	ot enter the ino	de or dying, suc	ii aa cardiac or reap	tratory arreat,	Inter	roximeta rval Between et and Death
in age		disease or condition a	Cerebra	vaseu	lara	ccider	it		m	mile
2 2 2 . 8	N	Sequentially list conditions,	Hyperten	GVE A	terior	lesotic	Cardisva	(ular	4	ean
SOX te be es sician a prior to	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				'	
	Ē	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
	8	d								
RDS, nat the dea by the art and Menta ny Injury.	CAL	PART II. Other significent conditions of	ontributing to death bu	it not resulting i	n the underlying	g cause given in	PERFO	RMED?	24b. WERE AUTO	PRIOR TO
Mercord Mer	MEDIC						1 [] YES 2	2 NO	OF DEATH?	
AL RE s law request been Dept. of 23 sho									1 TYES	2 [] NO
VITAL AN: The law tificate has e State Dept	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)			
I D SE	HYS	1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpa 28e. DATE OF INJURY	tient 3 🗆 DOA	4 - Nursing Hom		a Other (Specify) 28d. DESCRIBE HOW I	IN ILIEN OCCUPI		
	7	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJI	JRY WO	RK? (ES 2 NO	Zod. DEGOTION I	MOONT COCONE		
S E 85 00	TED B	3 Suicide a Could not be determined	28e. PLACE OF INJURY building, etc. (Special	— At home, ferm, s	treet, factory, office		281. LOCATION (Street City or Town, State)	and Number or R	ural Route Numbe	¢.
OR DIRE	PLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowle	edge, death occurre	d at the time, date	end place, and due	to the cause(s) and ma	inner as stated,		
TO THE HOSPITAL TO THE EUNERAL De filed within 72	COMPLI	one) 2 MEDICAL EXAMINER: 0							use(s) and menno	er as stated.
TO THE FUNER TO THE FUNER De filed within	BE	296. SIGNATURE AND TITLE OF CERTIFIER	D			29c. LICENSE NUN	MBER	29d. DATE SIG	GNED (Month, Day	, Year)
2 2 2 Z	2	36. NAME AND ADDRESS OF PSYSON WHO S	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	Dr. 3	lose Ardai:	7 M D) 26	92
		1103 N+ P+ B1.	id Ste 4	04 1	Salto.	mdia	21224	Z 19.U.		
		31. DATE FILED (Month, Day, Year)	PREGISTRAR'S SIGNA	TURE						
	4	OCT 27 1992 9	no to the (reflet and)	-						



DHMH-18 Rev 1/89

VSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	In the State Dept. of Health and Mental Pyglene prior to Duhai, Cremation, or removal.	and and an in
e retaine	5 shou		notifie
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TENO	TOR.	arrer c	item 28 is marked
L OR ATT	DIREC	DOURS	Hem
SPITAL	FUNERAL DIRECTOR: After this	WITHIN 72 hours after beath with	RTANT: IF
HE HOSPITAL	E FU	DIM DO	DRITAN

	1 - FOR STATE OF MARYLA	AND / DEPAR	RTMENT OF H	IEALTH AND DEATH	MENTAL HYGIEI		4 45082
3	1. DECEDENT'S NAME (First, Middle, Last) GEORGE W Mack				2. DATE OF DEATH MONTH		3. TIME OF DEATH 2 02:55 & M
	215-28-3161 12 M2 OF 5	n yrs. last birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HMS. HOURS MIN.	7. DATE OF BIRTH 8 (Month) Pay New)	/16/33 L	Country) OARUANO
TOR	Da. FACILITY NAME (If not institution, give street and number) University Hospital RESIDENCE OF DECEDENT			imore	EATH	9c. COUNTY	OF DEATH
DIRECTOR	Maryland 106. COUNTY	10c. C/1	Y, TOWN OR LOCAT	allstow	vn		10d. INSIDE CITY LIMITS? 1 X YES 2 \(\) NO
FUNERAL	103 Longpine Place			2120			OF WHAT COUNTRY?
¥	11. MARITAL STATUS 1 Never Married 3 Widowed 4 Divorced 12. Was DECEDENT EVER IN FORCES? 1.5 YES. If YES, GIVE WAR OR DA. 1953-1955	2 NO	If yes, spi		NIC ORIGIN7 (Specify Wan, Puerto Rican, etc.) i/y:		RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 8+)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION Work done during more retired.)	ON st of working	16b. KIND OF BI	SINESS/INDUST	
111	17. FATHER'S NAME (First, Middle, Last) George Mack			18. MOTHER'S NA Mary	AME (First, Middle, Melde	1 Sumame)	
TO B	19a, INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or To	vn, State, Zip Coo	fo)
	Cassandra Mack	103	Longpi	ne Pla	ce, Randa	llsto	wn, Md 21207
TO BE	PCPBurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	etery, crematory or o	of Disposition (Nather place) 1 Fores		1	ocation - chy	or Town, State
	21. GNATURE OF FUNERAL SERVICE LICENSEE L. RUG	20)			Russ Fune	ral Ho	
CERTIFICATION	23. PAST I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on es IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	CONSEDUENCE O	P):	de of dying, suc	ch an cardiac or res	olratory arreat,	Approximate Interval Between Onset and Death
MEDICAL	PART II. Other algoriticant conditions contributing to death be algoritical antic area when the contributions are a contributions to death be a contribution			g cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26, PL OTHER:	ACE OF DEATH (C)	neck only one)		
PHYSICIAN:	1 YES 2 ND Impatient 2 ER/Outpa		4 - Nursing Home		8 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 1 Accident Investigation	28b. TIM	URY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED
	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined	At home, farm,	street, factory, office		28f. LOCATION (Street City or Yown, State	and Number or R	tural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axamination						use(s) and manner as stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER Womes F. Maltres	mD		29c. LICENSE NU	MBER	29d. DATE SK	23/92
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	/	Bult	MD	2120	(
	31. DATE FILEO (Month, Day, Hear) OCT 2 7 1992 Sulla Davidson-Ray	delle					



BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

PHOEBE

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1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2

31. DATE FILED (Month, Day, Year)

1992

		4. SOCIAL SÉCURITY NÜMBER	5. SEX	6. AGE	(In yrs. lesi	t birthday)	IF UNDER		IF UNDER		7. DATE C	
9		220-46-7750	1 □ M 2XXF	8	2	YRS.	MONTHS	DAYS	HOURS	MIN.	JUNE	27
3 should		9e. FACILITY NAME (If not institution, give	street and number)				9b. CITY	, TOWN	R LOCATI	ON OF DE	ATH	
2, 3	DIRECTOR	HOWARD COUNTY GE	NERAL HO	SPIT	AL		C	OLUM	BIA			
physician. burial-transit permit. Pages 1, 2,	딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ			10c. CIT	Y, TOWN (OR LOCAT	ION			
26		MARYLAND	HOWARD						1011			
Ĭ.		10e. STREET AND NUMBER	HOWARD				COLUI		. ZIP CODI	6		
\$ \$		5429 FALL RIVER	POU COUD	т				""		- 2104	<i>t</i> .	
Fran L	FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN		NUS AR	MEO	13	WAS DEC			IIC ORIGINS	10aadi
physi		1 Never Married 2 Married	FORCES?	YES	2 XX			If yes, sp		in, Mexica	n, Puerto A	
ding	ВУ	3 Widowed 4 Divorced							2 A Milo	apechy	<i>r</i> .	
retained by the hospital or attending physician. 5 should be detached for use as the burlat-trar notified at once.	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)			CEDENT'S				20	16b.	KINO OI
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he hospit detached once.	M M	12			НО	MEMAI	KER					OW
detach detach	8	17. FATHER'S NAME (First, Middle, Last)							18. MOTI	HER'S NA	ME (First, M	liddle, Ma
4 P	BE	JOSEPH FRANK CAR	MEAN						ANI	NA M	AE GI	BSO
5 should notified	2	19s. INFORMANT'S NAME (Type/Print)									Route Numb	
y be re age 5	-	NORMAN A. MILLER	(HUSBA	ND)	54	429]	FALL	RIV	ER R	OW C	OURT,	COL
age 6 may be director, page er must be		20s. METHOD OF DISPOSITION X Surial 2 Cremation 3 Rem	noval from Stats			ND DATE O			me of		DATE	20
firect		4 Donation 5 Other (Specify)	PICAL	W	OODL	AWN (/29/9	2
death. Pag tuneral dii I. examiner		21. SIGNATURE OF FUNERAL SERVICE LI	CENTER	0					M ADDRES		SSELL	C
the fun wal.		planetta.	25	50							LLS R	
and by Bry		23. PART I. Enter the diseases, pr	complications the	t cause	d the de	ath. Do n						
24 hours filled in ion, or n		shock, or heart failure. IMMEDIATE CAUSE (Final	List only one car	Jaa on e	ach lina.							
within 24 npletely fille cremation, rent, the		disease or condition resulting in death)	- Me	bob	ric	0	NIV	lan		18	/1	V1-
completely ial, cremati		resulting in death)	DUE TO	(OR AS A	CONSEC	UENCE OF		- VVC	ς	01_		0 /-
executed within 24 and completely fill to burial, cremation matic event, the	z	(Uestable) part o part	· Und	etr	min	4 2	pr	- (me	n	cw	211	M.
e be execut sician and c orior to buria traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A	CONSEC	UENCE OF	7:					
physician ne prior to ner traum	2	Cause. Enter UNDERLYING CAUSE (Disease or Injury	G									
ertificati ing phy glene p	별	that initiated events resulting in death) LAST	DUE TO	(OR AS A	CONSEC	UENCE OF):					
he death certificathe attending phe Mental Hyglene ijury, or other	H	resulting in death) Dist	d									
requires that the death certificate seen signed by the attending physis of Health and Mertal Hyglene pri shows any Injury, or other th	1 11	PART II. Other algolificant condition	na contributing to	death b	ut not re	naulting i	n tha ur	derlying	cause o	alven in	Part I.	24a. WA
d by t d by t and my in	MEDICAL		bructur	- 1	lup	di	Mes	1				PEI
w requires that been signed to pt. of Health any 3 shows any			3 1 3 1		- 1		7				-	1 TYE
of i	Σ.									-	-	
5 8 5 V	AN:	25. WAS CASE REFERRED TO MEDICAL						26 Pt	ACE DE D	EATH (Ch	ck only one	.1
tate ale	SICI	EXAMINER?	HOSPITAL:	FR/Out	etlant 2		OTHER	₹:				
PHYSICIAN: this certifica with the Str irked, or its	PHY	27. MANNER OF DEATH	28m. DATE OF	INJURY	ation 3	28b. T/M		28c. INJ		sidence	8 Other	
After this co leath with I marked,		1 Netural 5 Pending	(Month, E	lay, Year)		INJ	URY M	1 🗌 Y	RK?] NO		
NDING I: After r death	ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE C	F INJURY	— At hor	ne, farm, s	treet, fact				281. LOCA	TION (S)
TTEN TOR: after		4 Homicide 6 Could not be determined	building,	etc. (Spec	offy)						City o	r Town, S
L OR ATTENDING PHYSICIAN, DIRECTOR: After this certific hours after death with the Sitem 28 is marked, or in	COMPLETE	296. CERTIFIER . CERTIFYING BUYE	IOLANI, To C.									
東京に =	MP	committee of	ICIAN: To the best of									
ORTANT	8		ER: On the basis of s	Administration	n and/or li	- vestigatio	11, III IIIY C	ринюп, ф				end plac
# # B &	BE	296. SIGNATURE AND TITLE OF CENTIFIE	1	1	1				29c. LICE	ENSE NUM	IBER	

9

CERTIFICATE OF DEATH

0434

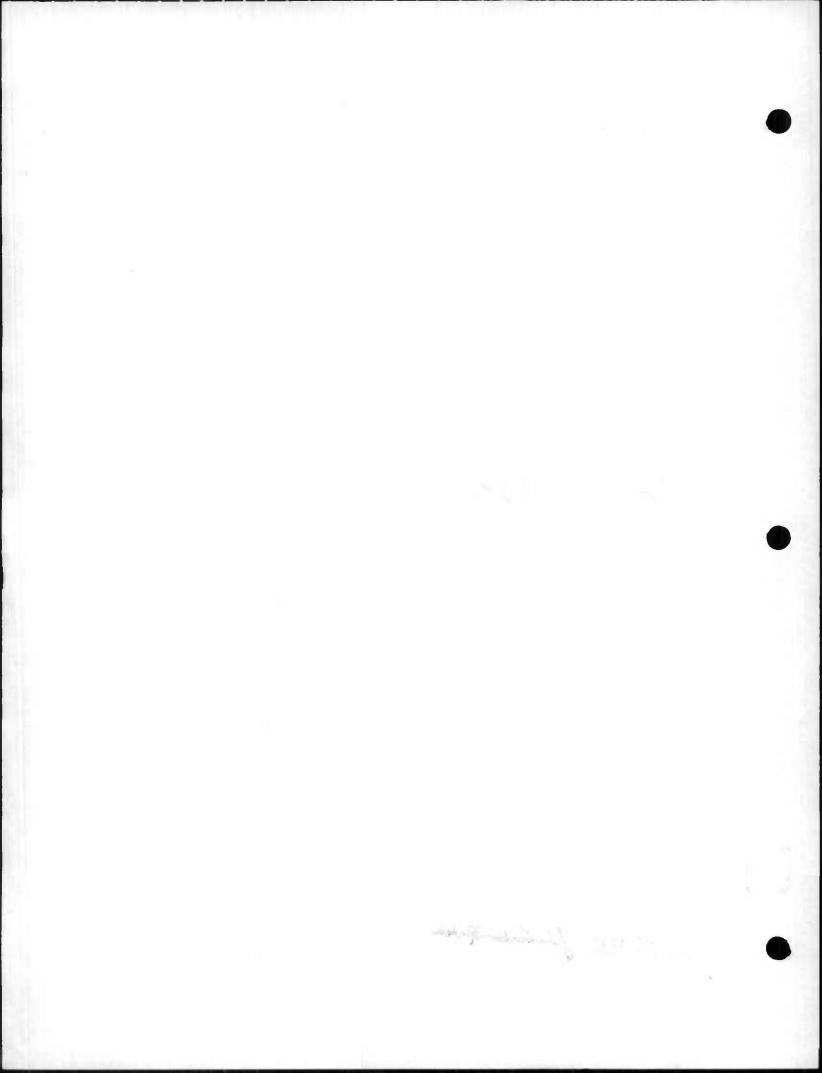
MILLER ler

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 10/25/92 MONTH DAY YEAR B. BIRTHPLACE (State Country) ,1910 DELAWARE 9c. COUNTY OF DEATH HOWARD 10d. INSIDE CITY 1 TES 2XX NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. t4. RACE — American Indian, Black, Whits, etc. WHITE F BUSINESS/INOUSTRY N HOME iden Sumame) N r Town, State, Zip Code) UMBIA, MARYLAND 21044 c. LOCATION - City or Town, State WOODLAWN, MARYLAND WITZKE FUNERAL HOMES , COLUMBIA, MD. 21045 eapiratory arrest, Approximata Interval Between Onset and Daath 2 money 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? S AN AUTOPSY S 2 NO 1 | YES 2 | NO OW INJURY OCCURED reet and Number or Rural Route Number, State)

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

10-15-92

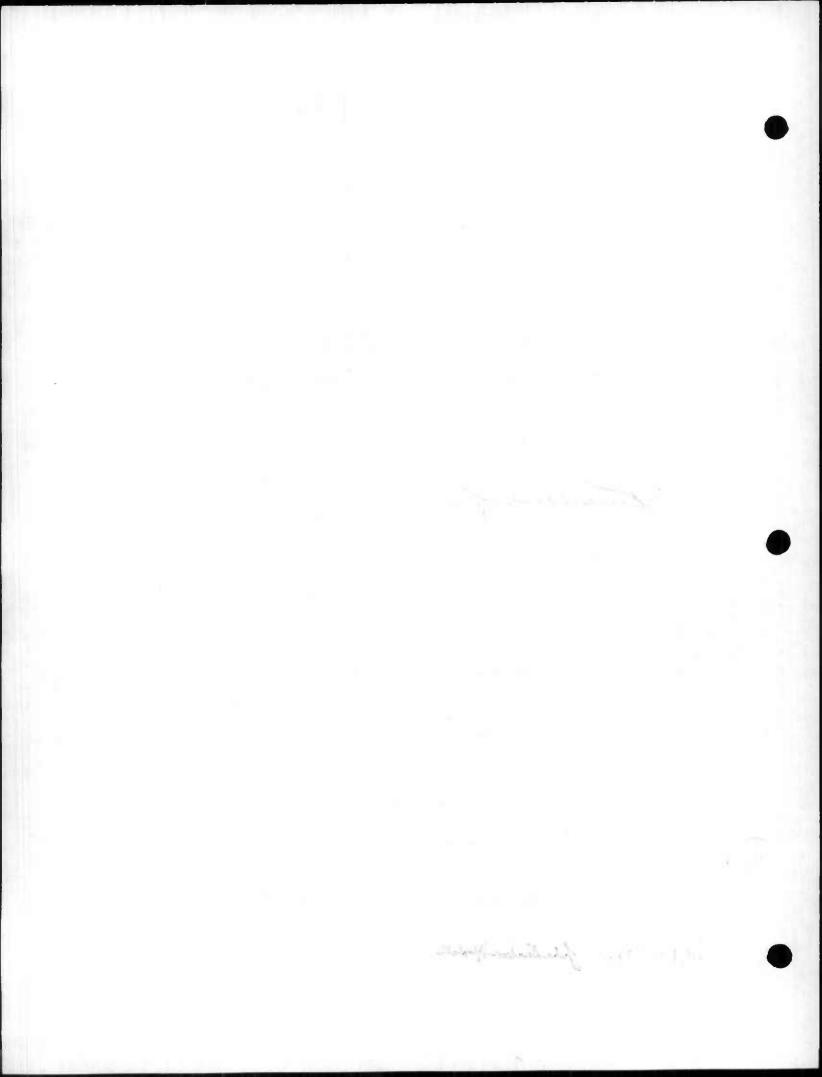


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	E	#	3	2
	TO THE HISPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 m	TO WE THEN THE THE After this certificate has been signed by the attending physician and completely filled	9	IMPORTABLE I tom 28 is marked, or item 23 shows any injury, or other traumatic event, the n

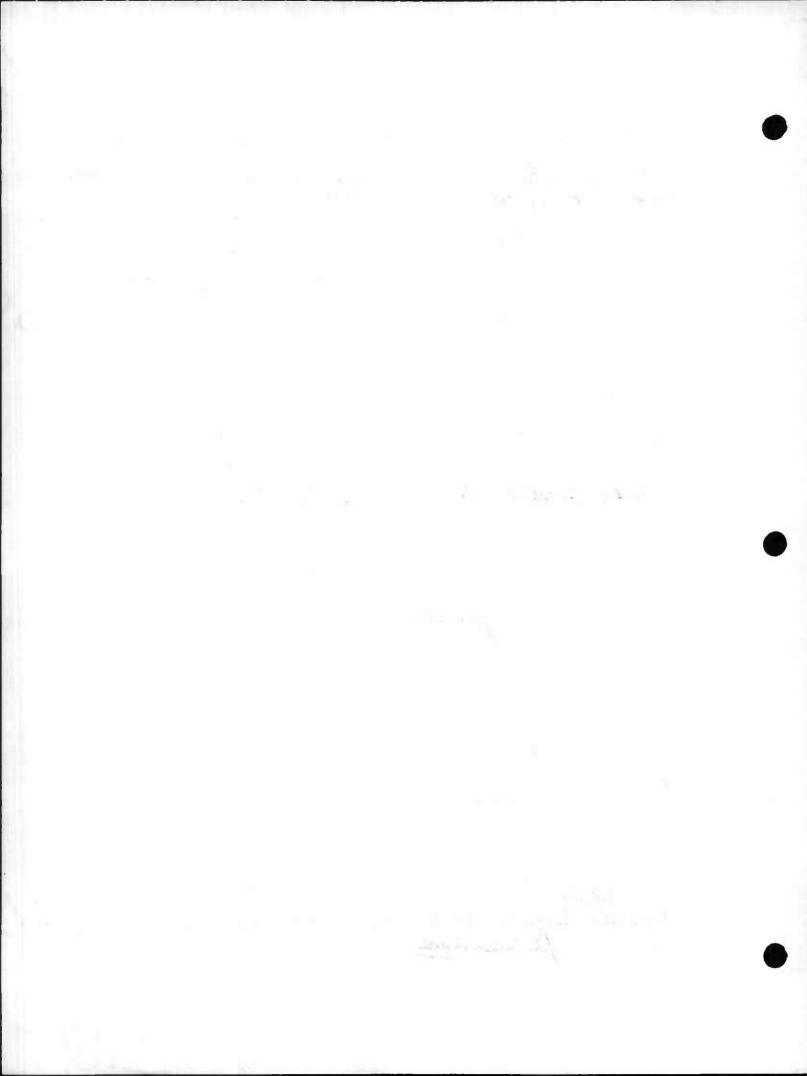
	FOR	OTATE OF A									92	29884
	1 - STATE REGISTRAR	SIAIE UF N	MAKYLANU /	DEPAR	ICAT	FOF	DE A	AND I	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, La	st)							2. DATE OF GEATH			3. TIME OF OEATH
	CATHERINE	E. Mo	DOUGALI							AY	YEAR 92	8:23 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)		ER 1 YEAR	IF UNDER	7	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	182-07-7735	1 🗆 M 2 😿 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 05/08/07		GEI	RMANY
000	Se. FACILITY NAME (If not institution, gi					Y, TOWN			ATH		INTY OF DE	EATH
DIRECTOR	OLD COURT NURS		R		R.A	ANDAL	LSTO	WN		В	ALTI	MORE
S	10a. STATE 10b. COL			10c, CIT	Y. TOWN	OR LOCAT	TION					and more com-
E .	MARYLAND	HOWAI	SD		LUMI						100	10d. INSIDE CITY LIMITS?
AF	10e. STREET AND NUMBER			1 00	20111		. ZIP COD	E		10e CIT	IZEN OF W	1 YES 27 NO
ER	6220 E FORELA	AND GARTH				1	2104				S.A.	HAI COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MEO	13	. WAS DEC	ENDENT (OF HISPAN	IIC ORIGIN? (Specify Yes			- American Indian
BY F	1 Never Married 2 Married	IF YES, GIVE W	YES 2	MO.		If yes, spe	ecify Cubi	n. Maxica	n. Puerto Bican, etc.)		Black, Specif	- American Indian, White, etc.
											фил	WHITE
E	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	(G	CECENT'S live kind of v	work done	durina mo:	ON st of working	ng	16b. KIND OF BUS	SINESS/INC	JUSTRY	
1 2	Elementary/Secondary (0-12) 7 th	College (1-4 or 5+)	LES P		,			PHOTOGR	ADIR		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		SAL	TEID E	EKSC)IA	40 14000					
	FRANK GROSS							ERES	ME (First, Middle, Malden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRES	SS (Street a			Poute Number, City or Tow	- Or-t- 7/-	0.11	
2	BARBARA LYNN H	ELLY (daug	thter) 4	35 C	HALE	ONTE	DRI		CATONSVILI			2.8
	20g METHOD OF DISPOSITION 1X XPArial 2 Cremation 3 A		20b. PLACE	-				_			City or Tow	
1 9	4 Donation 5 Other (Specify)	emoval from State	LOUDO					10				IARYLAND
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEB	.,0		22	NAME AN	D ADDRES	SS OF FAC	HUTY			
	Lussell	cu.	5 Le						SELL C WIT			
	23. PART I. Enter the disesses, (or complications that	ceused the de	eth Do n	ot ente	. 630	EDMO.	NDSO	N AVE CATO	NSVI	LLE, N	
	ahock, or heart failur IMMEDIATE CAUSE (Final	e. List only one caus	se on sech lina		or anto	the mo	A OI UYI	mg, suci	es cardiac or respi	ratory err	eat,	Approximeta interval Between
	disease or condition		andia	0 (2 7/	7127						Onset and Death
	reaulting in death)	a. DUE 10./	OR AS A CONSEC	DUENCE OF	The I	WU	1 0	2/				
Z		. (!	MENI	tial	1	O sen &	TH	arl	ual			
E I	Sequantially list conditions, if any, leading to immediate	DUE TO (OR ASIA CONSEC	WENCE OF):		1		1.9			
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or injury	6	ASC.	VD								years
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	KUENCE OF	1							
H H		4										
- 1	PART il. Other significant conditi	one contributing to d	seth but not re	eaulting l	n tha u	nderlying	cause g	iven in F	Part I. 24e, WAS AN.	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL	Waki	es-							PERFOR	MED?	9	AVAILABLE PRIOR TO COMPLETION OF CAUSE
핗	Phinh	19/ 35000	rei las	de	100	11			1 YES 2	NO	1 '	OF DEATH?
	INVEST	hunnilla	1400	00/0	100	ned.			-			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	The state of	777		_	, 26. PL	ACE OF DE	EATH (Che	ck only one)			
Si	1 YES 2 AO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	Á:			Other (Specify)			
=	27. MANNER OF DEATH	28a. DATE OF II (Month, Day		26b. TIME	OF	28c. INJU	JRY AT		28d. DESCRIBE HOW IN	JURY OCC	URED	
ВУ	1 Naturat 5 Pending 2 Accident Investigation		, 1007	11131	М	1 🗌 YI	ES 2	NO				
	3 Suicide 6 Could not b	28e, PLACE OF building, e	INJURY — At hor tc. (Specify)	ne, farm, si	reet, fec	tory, office			261. LOCATION (Street a: City or Town, State)	nd Number	or Rural Ro	ute Number,
ET									ony or lowing dialely			
APL	29a. CERTIFIER (Check only	SICIAN: To the best of m	y knowledge, des	th occurre	d at the t	time, data a	and place,	end due t	o the cause(a) and man	ner ea state	ed.	
COMPLETED	one) 2 MEDICAL EXAMI	NER: On the beals of axa	mination and/or in	rvestigation	n, In my o	opinion, de	ath occure	ed at the t	lme, data and pieca, and	due to the	e cause(a)	end manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIF		00 11	/		_		NSE NUMI				Month, Day, Year)
TO B	TIMatr	Man a	W. 11/4	4/1	114	0	1	1-14	1618			26/92
- 1	30. NAME AND ADDRESS OF PERSON I	THO COMPLETED CAUSE	OF DEATH WEEK			-	-					

USE OF DEATH (ITEM 27) (Typo, Print)

21 CRANBROOK ROAD, COCKEYSVILLE, MARYLAND BIENVENIDO MATOS M.D. 21030 31. DATE FILED (Month, Day, Year)



		nedistrian				CENT	IFICA	IE U	PUEAIN	,	REG. NO				
		1. DECEDENT'S NAME (First,				n	Nola		hlin	MONT			YEAR	TIME OF DEATH	
		JOSEPH 4. SOCIAL SECURITY NUMBER	W.	5. SEX	A 405 (n yrs. last birtho							992	1530	M
			En	1 M 2 F	0. AGE (#		MONTH	B DAYS		(Mon	OF BIRTH th, Day, Year)		Country)	CE (State or Foreig	177
pinous		578-03-5171 9a. FACILITY NAME (If not in	etitution oim e	,		80 YR				_	uary 1	9, 191.	² Mar	vland	
3 sho	Œ				AT OF	INTEREST	90. C		N OR LOCATION OF D	EATH		100	O DEATI		
. 2.	읝	PENINSULA I		AL MEDICA	AL CE	INTER		SAL	ISBURY			MI	COMIC	U	
Sec	DIRECTOR	10e. STATE	10b. COUNT	Y		10c.	CITY, TOW	N OR LO	CATION				100	1. INSIDE CITY LIMITS?	
permit. Pages		Virginia	Princ	ce William	n	W	oodb	ridge	9				1[YES 2 X NO)
Per	AL	10s. STREET AND NUMBER							10f. ZIP CODE			10g. CITIZI	EN OF WHAT	COUNTRY?	
n. ansit	5	4485 Andy C	Court						22193			U.S.A	1.		
215-0020 attending physician. se as the burlat-transit	FUNERAL	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARMED	1	3. WAS D	ECENDENT OF HISPA specify Cuban, Mexico	NIC ORIGI	N? (Specify Yes	or No 1	14. RACE — A	American Indian,	
21215-0020 If or attending physic for use as the burial	ВУ	3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DA	TES		1 🗆 Y	ES 2 NO Speci	ly:	, , , , , , , , , , , , , , , , , , , ,	8		Caucasia	ลก
15- lendir	ED		EDENT'S EDU	World	War	16a. DECEDER	T'S HOUAL	0000104	7.04	1		<u> </u>			
2 9 2	H	(Specify only	highest grade	completed)		(Give kind	of work don T use retired	ne chiring	most of working	184	b. KIND OF BU	SINESS/INDU	STRY		
570	7	Elementary/Secondary (0	-12)	College (1-4 or 5	*)	Milki					Dairy				
The hospital detached to	COMPL	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOTHER'S NA	AME (First.		Sumama)			
# 8 2 X		Joseph W. M	cLaug!	hlin					Alice L.						
MARYLAND retained by the hospit should be detached notified at once.	BE	19a. INFORMANT'S NAME (7)	/pe/Print)			19b, MAII	ING ADDRE	ESS (Stree	st and Number or Rural	Route Nun	iber, City or Tow	m, State, Zip C	Code)		
	2	Joseph McLa	aughlin	Jr.					e, Dumfrie						
RE, nay be		20a. METHOD OF DISPOSITI	ON			PLACE AND DA	TE OF DISP	OSITION	(Name of	OAT		Suitlai	ity or Town,	State	
AORI le 6 maj rector, p	- 47	4 Donation 5 Other		oval from State	_ Ceme	edar Hi	II Ce	mete	ery	Oct.	26,92	Suitlai	nd N	faryland	
ALTIN death. Pag s funeral di L examiner	8	21. SIGNATURE OF FUNERAL	4	CENSEE	4		2	2. NAME	AND ADDRESS OF FA	CILITY		- W - '			
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		> They	Mo	unicas	the				Dale Blvd				62193		
		23. PART I. Enter the di	seases, or o	complications the	nt caused	the death.							et i	Approximate	
d in Or re		shock, or he	eart fallure.	List only one cau	se on ea	ch line.	20 //				and or rospi	matory arre-	25,	Interval Betw	reen
24 E		IMMEDIATE CAUSE (Fin disease or condition	al A	4.	1	41	1						-	Onset and De	eath
3760, nted within 24 completely fill ial, cremation, event, the		resulting in death)	7	DUE TO	(OR AS A	COMREGNENC	e on		4 9	6				/	
D 2 - 2	- 1		_	0/	18.1	54 P	1-1	1.10	1. 2	In	7		i		
	9	Sequentially list conditi		DUE TO	(OR AS A	сонѕедиено	E OF):	- Commen	an a	,,,					
BOX ficate be a physician ne prior to	8	cause. Enter UNDERLYI	NG	. // /	Gine	to									
O. B ertificat ing phy rgiene p	Ē	CAUSE (Disease or Inju that initiated events		DUE NO	OH AS A	CONSEQUENC	E OF)						- 8		
O # BE P	CERTIFICATION	resulting in death) LAS		e/											
DS, P the death the atter d Mental		PART II. Other significa	nt condition	a contributing to	death bu	it not resulti	na in the	underly	ing cause given in	Part I	24s, WAS AN	ALITOPSY	1 245 WE	RE AUTOPSY FINDII	M/28
E # 6 5	EDICAL	- Ti						,	mg codes given in		PERFOR	MED?	AMA	ALABLE PRIOR TO MPLETION OF CAUS	
S es si es										—	1 TYES 2	МО	OF	DEATH7	-
She of a	Σ												10	YES 2 NO	
TAL RE The law requeste been see Dept. of sem 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL				_	26.	PLACE OF DEATH (C)	neck only o	ne)				_
F VITA SICIAN: The certificate h the State i the State i	Sic	EXAMINER?		HOSPITAL:	ER/Output	itient 3 🗆 DC	ОТН	ER:	ome 5 🗆 Residence						
PHYSICIAN: this certification with the St.	Ŧ	27. MANNER OF DEATH		28e. DATE OF	INJURY	-	TIME OF	28c. I	NJURY AT		SCRIBE HOW I	NJURY OCCU	JRED		
NG PHYS fler this cath with marked			Pending nvestigation	(Month, D	lay, Year)		INJURY		WORK?	200	212-10				
VISION ATTENDING ECTOR: After s after death 1 28 is ma	D BY	2 Pulate	Could not be	28e. PLACE O	F INJURY	- At home, fa	m, street, f	actory, of	fice	28f. LOC	ATION (Street)	and Number o	r Rurel Route	Number,	_
ATTEN CTOR affer 28	ETE		letermined	bunding,	etc. (Specif	(4)				City	or Town, State)				
S S S S S S S S S S S S S S S S S S S	Ä	29a. CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the best of	my knowle	doe death oc	turned at the	a time de	ate and place, and due	to the co	use(s) and ma				
E 25 E	COMPL								, death occured at the					manner sa state	a.
within KI	- 11	29h. SIGNATURE AND TITLE	-					1000	29c. LICENSE NUI				25012		
THE FINEF THE FINEF THE MITHIN	8	1 /	M						7	573 8	9	▶ つ	INA	The Say, Year)	
EEEE	2	30. HAME AND ADDRESS OF	PERSON WH	D COMPLETED CAUS	SE OF DEA	TH (ITEM 27) (Type, Print)		UI	90 O	1	0	100		_
16		Andrew	An	reask	M.	. D.	560) P	verside	An	Aan	6 5	alish	eres We	1.
		31. DATE FILED (Month, Day,		D 32 BEGISTRA	AN'S CLENA	TURE	7		1000000	UI.	7.100			0.	,
,		DCT 97 199	2 9	who wandso	~- May	CARC									



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CATTENDING PAYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	death. Page 6 may be retained by the hospital or attending physician.
IND DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	are has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should are Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
I lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

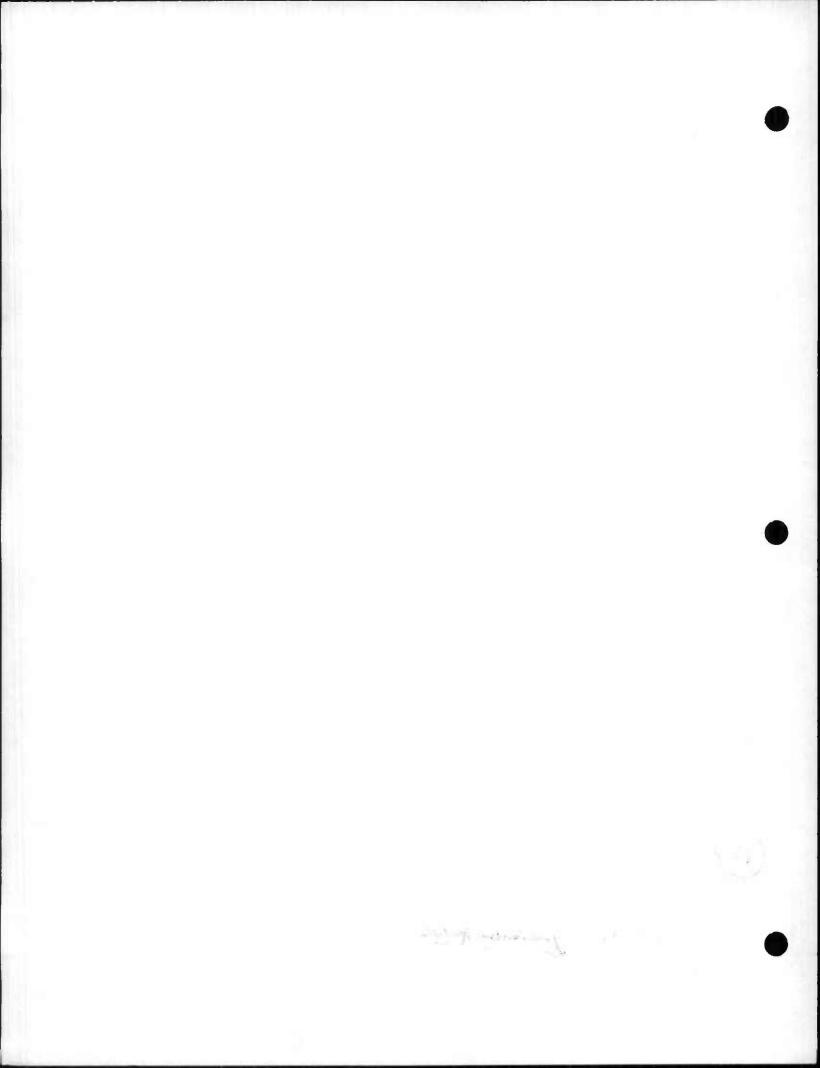
FOR STATE REGISTRAR

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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Band .	Singe	2	2	V	U	U

1. DECEDENT'S NAME (First, Middle, Last)										2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH	
	ANIT					MAX	WELI	_				92	M	
	4. SOCIAL SECURITY NUMB		5. 9EX	6. AGE (In yrs. Is		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, Da			8. BIRTH Count	IPLACE (State or Foreign
	214 50 0117		1 🗆 M 2 🔀 F	39	YRS.			7 1		07-2				TH_CAROLINA
,	90. FACILITY NAME (If not in			()				OR LOCATI	ON OF DE	ATH		9c. COU	INTY OF D	EATH
DIRECTOR	UNION MEMO		OSPITAL	(ER)		BAI	TIMO	ORE						
<u> </u>	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
1	MARYLAND				BAL	TIMO	RE							LIMITS?
	10e. STREET AND NUMBER	1412 MYRTLE AVE.						f. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	1412 MYRTLE							21217					USA	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	ARMED 13. WAS DECENDENT OF HISPANIC (If yes, specify Cuban, Mexican, P 1 YES 2 NO Specify:				IIC ORIGIN? (S	pecify Yes	or No-	14. RACI	E — American Indian,	
2	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE	MAR OR OATES						i, etc.)		Spec	k, White, etc. //y:	
		EDENT'S EDU	CATION	1.0		1							AFR.	AMER.
	(Specify only	ECEDENT'S Give kind of a le. Do NOT us	work done	during mo	ON ost of working	ng	16b. KIN	D OF BUS	SINESS/INI	DUSTRY				
2	Elementary/Secondary (0	-12)	College (1-4 or 5	+)		,								
COMPLET	17. FATHER'S NAME (First, Mi	iddle, Lest)						18. MOT	HER'S NAI	ME (First, Middle	a Maiden	Sumamal		
	DAVID MA	XWELL							ANIT			AXWE	LL	
2 2	19e. INFORMANT'S NAME (7)	9b. MAILING	ADDRES	S (Street a	nd Number	or Rural F	Poute Number, C	ity or Tow	n, State, Zij	p Code)				
=	KATHY										ND21217			
ĺ	20a. METHOD OF DISPOSITI	AND DATE					OATE		CATION -	-				
Ì	4 Donation 5 Other	(Specify)		WEST	ERN'S	TAR TAR	CEME	TERY	10	-24-92	BAL	TIMO	RE,	MARYLAND
Ì	21. SIGNATURE OF FUNERAL		22. F.	NAME AL	BRO	SS OF FAC	S FUNE	RAT.	HOME	PΑ				
	1 11	cel	CIA	Ato	20									YLAND 21217
	23. PART I. Enter the di	saases, pro	complications the	t caused the d	ofth. Do r	not anter	tha mo	de of dy	ing, suct	as cerdiec	or reapi	ratory sr	rest,	Approximats
ı	IMMEDIATE CAUSE (Fin	ai	List only one car	/										Interval Between Onset and Death
	disesse or condition resulting in death)	+	CHRE	NIC K	ENI	ENAL FAILURE							DAY	
1	LESCON INSURAN		OUE TO	(UH AS A CUNSI	EOUENCE O	JENCE OF):							17.10.0	
5	Sequentially list conditi	one,				CLATED NEPHROPAT					HY		YEARS	
AIION	If any, leading to immediates. Enter UNDERLY!		002 10	(OR AS A CONSE	OUENCE OF	OF):								
	CAUSE (Disease or injust that initiated events		DUE TO	(OR AS A CONSE	QUENCE OF	F):							-	
	resulting in death) LAST	r ()	4											
3	DART II OIL I III-													
₹	PART ii. Other significer	condition	e contributing to	death but not	recuiting	in the ur	nderlyin	g ceuse (given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Ś		1 V - I	98111	/ -						10	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
Ě										_				1 [] YES 2 [] NO
	25. WAS CASE REFERRED TO	MEDICAL												
SICIAIN	EXAMINER?	MEDICAL	HOSPITAL:		OTHE	R:	-/		ck only one)					
	27. MANNER OF DEATH		1 D Inpatient 2 D		3 🗆 DOA 28b. TIM		sing Hom 26c, INJ		sidence	8 Other (Spi		141604 00	011050	
		Pending	(Month, E		INJ	URY M	WO	RK?	NO	28d. DESCRIE	E NOW II	NJUNY OC	CUHED	
	3 Suitelde	rivestigation Could not be	26e. PLACE C	F INJURY At h	ome, ferm, s	street, fact				281. LOCATION	N (Street e	nd Number	or Rural F	Toute Number.
		elermined	bullaing,	etc. (Specify)						City or Tox	vn, State)			
	29e. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of	my knowledge, d	eath occum	ed at the t	Ime. date	and place	and due	to the cause(e)	and man	nor on etc	lad	
5) and manner se stated.
3	29b. SIGNATURE AND TITLE								NSE NUM					
3		OU	viny.	an	WI	>			634					
	30. NAME AND ADDRESS OF		COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)	11/2				17	-		ND ZEOI
	31. DATE FILED (Month, Day, 1	bar)	32 REGISTRA	R'S CICNATURE			- 100		110	- /	016		000	
	OCT 2.7 199		when West day	A-MUNITIVE AND										



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item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First,	Middle, Last)									E OF DEATH).		3. TIME OF DEATH
James	L		Me	eads					MON	10-2	3-92	YEAR	2:50 r
4. SOCIAL SECURITY NUMB	ER	5. SEX		yrs. last birthday)	IF UNDE	R t YEAR	IF UNDER	24 HRS.		E OF BIRTH	, J L	8. BIRTH	IPLACE (State or Foreign
219-10-6479		1 XM 2 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.		nh, Day, Year) -11192'	5	M A R	YLAND
90. FACILITY NAME (If not inc	atitution, give st	reet end number)			9b, CIT	Y, TOWN	OR LOCATI	ON OF DE		111/4.		UNTY OF D	
Greater Balt		Medical	Cent	er		Tows	on				В	altir	nore
10a. STATE	10b. COUNTY				TY, TOWN		ION		_				10d. INSIDE CITY
MARYLAND				BALI	TIMOR	(E							1XXYES 2 NO
5019 THE A	LAMEDA						21239				10g. CI		WHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN	TEVER IN U	U.S. ARMED	13.	WAS DEC	ENDENT C	F HISPAN	NIC ORIG	IN? (Specify Ye	s or No-	14. RACI	E American Indian,
1 Never Harried 2 X 3 Widowed 4 Divo		IF YES, GIVE V					2 NO			Rican, etc.)		Spec	k, White, etc.
												AFR.	AMER.
(Specify only	EDENT'S EDUC highest grade			(Give kind of	work done	during mo	ON st of working	ng	16	b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	life. Do NOT u	ise retired.)	,							
17. FATHER'S NAME (First, MI	ddle, Lest)						10 12000	UEDIO NI	ME (C)= :	Middle, Maiden	0		
	Meads							llia		Meads	Sumeme)		
19a. INFORMANT'S NAME (7)	pe/Print)			195 MAIL ING	G ADDRES	es /Street a				nber, City or Tox	un Oluba 7	(a Cada)	
EDITH MEAI				5019	THE	ALAM	IEDA	BAL	TIM	ORE, MA	ARYLA	ND 2	1239
20e. METHOD OF DISPOSITI			20b. P	LACE AND DATE					DA			- City or To	
¥CXBuriel 2 ☐ Cremation 4 ☐ Donation 6 ☐ Other		oval from State		RISUN T				EM. 1					
21. SIGNATURE OF FUNERAL											THE		
	SERVICE LIC	ENSEE	6	1		. NAME A	ND ADDRE	SS OF FA			TEITE	111.111	
23. PART L'Entar the di shock, or he IMMEDIATE CAUSE (Fin	posee, or o	M.	It caused to	the feeth. Do	22.	ESTE	P BR	OTHE	CRS I	FUNERAL	L HOM	ME PA	
23. PART J Enter the dishock, or he	poeeea, or clart failure. I	omplications the let only one case. Acute DUE TO DUE TO	Dron(OR AS A CO OR AS A CO	ch line.	monic	ESTE 1300 r the mo	P BR	OTHE	CRS I	FUNERAL	L HOM	ME PA	VI AND 212 Approximata Interval Batwe
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DHMN-18 Rev 1/89

TO THE HEALTH UR ATTENDING PHYSICIAN: The law requires that the death centurate be executed within 10 years. The forest page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	STATE REGISTRAR
Г	1. DI	ECEDENT'S NAM

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

I. DECEDENT'S NA	1. DECEDENT'S NAME (First, Middle, Last)										2. DATE OF DEATH DAY YEAR			3. TIME OF DEATN	
E:	lizabe	th	Paine	0	boopa					7.94		1992	TEAR	10 AM M	
4. SOCIAL SECUR	6 4809	Δ	8. SEX	8. AGE (In yr	s. last birthday) IF UND	ER 1 YEAR	IF UNDER	1 24 HRS. MIN.	7. DATE OF E	HRTN y, Year)	1015	Count		
					YAS.					Aug.	24,	1915		terville, M	
90. FACILITY NAM 7205 N	Meadow					96. COUNTY OF DEATH Chevy Chase Monto					gomery				
RESIDENCE	OF DECE	DENT				one vy chase Poneg									
7205 N RESIDENCE C 100. STATE Maryla 100. STREET AND 7205 N 11. MARITAL STATE		b. COUNTY			10c. C	ITY, TOWN	OR LOCA	ATION						16d. INSIDE CITY LIMITS?	
Maryla		Monto	gomery			Cher	ry Ch		_					1 YES 2 NO	
7205 M	Meadow	7 Lane					1	of. ZIP COO						WNAT COUNTRY?	
11. MARITAL STATE		LIGHT	12. WAS DECEDEN	IT EVER IN U.S	S. ARMED	1	3. WAS DE		815 DE NISPAN	NIC ORIGIN? (S	pecify Yes		J.S.Z	1 . E — American Indian.	
	1 Never Merried 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES							specify Cubi		n, Puerto Ricer y:	n, atc.)		Spec Whi		
(5	15. DECEDE	ENT'S EDUC	ATION completed)	184	. DECEDENT			TION nost of worki	na	18b. KIN	D OF BUS	SINESS/IN	DUSTRY		
Elementary/Sec		-	College (1-4 or 5		life. Do NOT	use retired	1.)								
Elementary/Sec			4		Realto	or/In	nport	7				-	e &	Importing	
	IE (First, Middle DSCOC		nine					18. MOT		ME (First, Middl		Surname)			
IGA INFORMANT'S			TIIC		19b. MAIL II	IG ADDRE	SS (Street	and Numba		len Cra		n State Zi	n Code)		
Alfred	M. O.	sgood					as l								
20a. METNOD OF			und from Chalo		ACE OF DISP	OSITION (Name of c	emetery, crei	matory or		20c. LO	CATION —	City or To	own, Slata	
4 Donation 5	Other (Sp	ecify)			North					natory	Ar]	lingt	on,	VA	
21. SIGNATURE OF	21. SIGNATURE OF FUNERAL SERVICE LICENSEE							AND ADDRE							
	tru	ud	dex	love	660	/								hurch, VA	
eho IMMEDIATE CA	ock, or heer USE (Finel	eses, pr c t fellure. L	omplications the let only one cer	ot coused th use Dn eech	line.	15217		-						Approximate Interval Between Onset and Death	
disease or con resulting in dea		٠,	10	Ma			1	20	usi	ra	me	en		6 mas	
			DUE TO	(OR AS A CO	MSEQUENCE	OF):									
Sequentially lis			DUE TO	OR AS A CO	NSEQUENCE	OF):									
cause. Enter U	NDERLYING		à												
Sequentially list if any, leading cause. Enter U CAUSE (Disease that initiated expenditude)	vents		DUE TO	(OR AS A CO	S A CONSEQUENCE OF):										
	auty Errot		1												
	significent	condition	e contributing to	deeth but	not resultin	g in the	underlyl	ng ceuse	given in	Part I. 24	. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PART II. Other										1	YES 2		-1	COMPLETION OF CAUSE OF DEATH?	
										_				1 YES 2 NO	
25, WAS CASE REI							-								
25. WAS CASE REI EXAMINER? 1 YES 2 (27. MANNER OF D		REOICAL	HOSPITAL:			ОТН	ER:			neck only one)					
27. MANNER OF D			1 Inpatient 2	FINJURY	28b. T	IME OF	28c. II	NJURY AT	lasidenca	8 Other (S)		NJURY OC	CURED		
, X marginal	5 Per	nding eatigation	(Month, I	Day, Year)		NJURY M		VORK?	□ ND						
	8 🗌 Co	uld not be armined	28a. PLACE (building	OF INJURY — , alc. (Specify)	At home, fem	n, street, 1	actory, off	fice			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
const. only			CIAN: To the best of											(a) and manner as stated.	
						1	, upraint,	_	CENSE NU		preve, all				
	MIN TITLE UP	- out of the P	7/1	1	111				3329					0 (Month, Day, Year)	
30. NAME AND AD	ODRESS OF P	ERSON WHO	O COMPCETED	OF DEATN	(ITEM 27) (7)	pe, Print)	_	1 -	3349	J		,		1 1	
Frederi	ck P.	Smith	n, M.D.	5401	Weste.		ve.,	N.W.	, Wa	shingt	on,	D.C.	200	15	
OCT 2				AR'S SIGNATU											

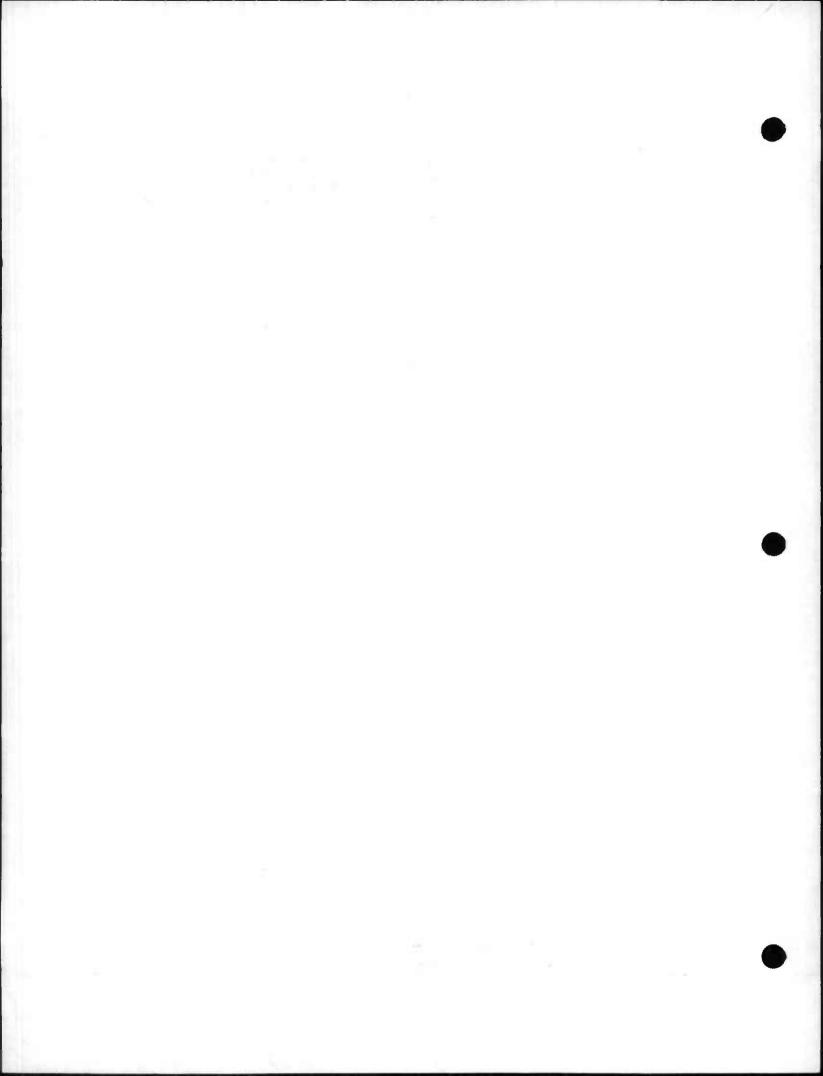
Thouth.

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SECTION LINE - SEC.

BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. It is not the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should are Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	perform on ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de NEMAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the finance may remove.	THE MINE SE IS MAKED, OF REM 23 SHOWS BITY INJURY, OF OTHER DESIGNATION OF WHITE MEDICAL EXAMINER MUST BE NOTINED AT ONCE.

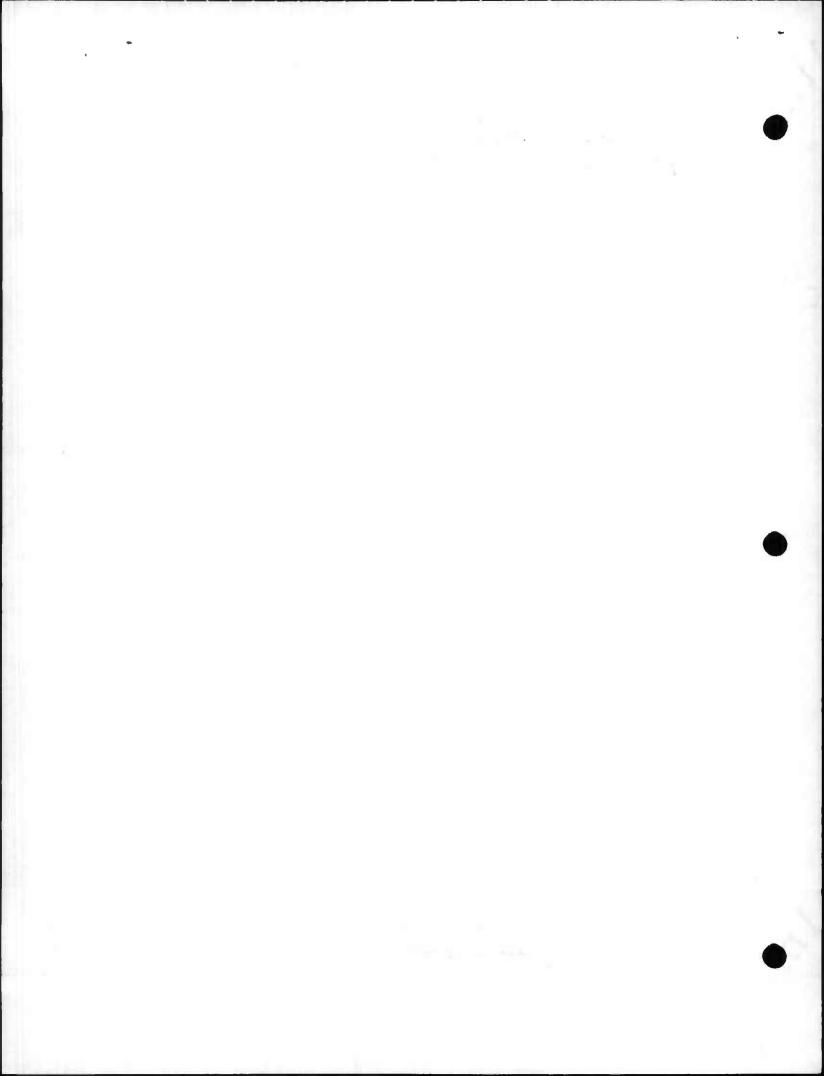
	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIENE	
8		ONS . PHIL	-	E .	2. DATE OF DEATH MONTH 10-23-92	S TIME OF DEATH
3	4. SOCIAL SECURITY NUMBER 220-26-4093 Ba. FACILITY NAME (If not institution also	1 M 2 TF	61 YRS.	F UNDER 1 YEAR	(Month, Day, Year) 10-30-30	BIRTHPLACE (State or Foreign Country) MARYLAND
TOR	UNIVERSITY OF MA			BALTIMORE, M		BALTIMORE CITY
DIRECTOR	1313100101010	NNE ARUNDEL	1,000	N BURNIE		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ∰NO
FUNERAL	100. STREET AND NUMBER 234 ALLWOOD DRIV	ED PRW	E	101. ZIP CODE 21061	81	10g. CITIZEN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Mei 1 YES 2 S		r No- 14. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use if	k done during most of working	16b. KIND OF BUSIN	IESS/INDUSTRY
MPL	12 17. FATHER'S NAME (First, Middle, Lest)	N/A	ACCOUNT		OMNI H	
BE CC	LEROY	ADAMS	3		HELLO NO	mane) RTH
5	1900. INFORMANT'S NAME (Type/Print) MR. EDWARD JACK	JOHNSON		DORESS (Street and Number or Ru		State, Zip Code) E, MD. 21061
	20g. METHOD OF DISPOSITION 1 \(\tilde{\Delta} \) Burlai 2 \(\tilde{\Delta} \) Cremetion 3 \(\tilde{\Delta} \) Ren 4 \(\tilde{\Delta} \) Donation 5 \(\tilde{\Delta} \) Other (Specify)	noval from State cem	PLACE AND DATE OF letery, crematory or other	DISPOSITION (Name of place)	OATE 20c. LOCA	TION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	RCHESTER	MEMORIAL PARK 22. NAME AND ADDRESS OF	mades made	BRIDGE, MARYLAND ON FUNERAL HOME
	Famela	1. Hoval	tw		NUE, S.W., GL	EN BURNIE, MD. 21061
	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cereby	ich line.	farction	such as cerdiac or reepiral	Approximate Interval Between Onset and Death
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS A	CONSEQUENCE OF):			
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (QR AS A	CONSEQUENCE OF):			
MEDICAL (PART ii. Other aignificant condition	na contributing to death be	ut not reauiting in	the underlying cause given	in Part I. 24e. WAS AN AU PERFORME	ED? AMAILABLE PRIOR TO
4.0						1 TES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH		
BY PHY	27. MANNER OF DEATH 1 Return 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Nursing Home 5 Resident F 28c. INJURY AT WORK? M 1 YES 2 NO	28d, DESCRIBE HOW INJU	URY OCCURED
<u>n</u>	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, stre	et, factory, office	281. LOCATION (Street end City or Town, State)	1 Number or Rural Route Number,
COMPLET	one) 2 MEDICAL EXAMINI	ER: On the beele of examination		it the time, dete end place, and on my opinion, death occured at		or as stated. due to the cause(e) and manner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WITH	mono, M. D	HOUSE OFFIC ATH (ITEM 27) (Type, Pr	ER.	NUMBER 2	Pod. DATE SIGNED (Month, Day, Year) ▶ 10/23/92
	BYRON. H. SIMM 31. DATE FILED (Month, Day, Year)	10NS. M.D./	ANIV. OF A	IMPYLAND HOSE	PITAL, NEUROS	URBERY BACTHORE, M.D.
	OCT 2 7 1992	Turbur bur lucis - 1	**			



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I OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	INSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	id, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dea	TO THE PLATE DIRECTOR: After this certificate has been signed by the at	INPORTANT: If Item 28 is marked, or Item 23 shows any injury,

	FOR		STATE OF M	ARYLAND	/ DEPART	MENT OF	HEAITH AND M	MENTAL HYGIEN	9	2 29890	
	1 - STATE REGISTRAR			С	ERTIFIC	CATE OF	DEATH	REG. NO.		050	
- 6	1. DECEDENT'S NAME (FIRST,	Middle, Last)	PAPI	RI				2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DEATH DATE OF D	7 9	3. TIME OF DEATH	
0.000	218-12-91	148	5. SEX 1 D M 2 X F	6. AGE (In yrs. Is	7 YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 0 1 - 30 - 0	25 L	BIRTHPLACE (State or Foreign Country) DUISANA	
DIRECTOR	SAINT JOSEPH HOSPIT			spita			WSON	ATH	JOU	USO N	
REC	10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOCA	TION			10d, INSIDE CITY	
	MD	Ba1t	imore		Ba	ltimor	·е			1 TES 2 1 NO	
FUNERAL	8126 Oak	leigh	Road			10	7. ZIP CODE 21234			OF WHAT COUNTRY?	
5	11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1			13. WAS DE	CENDENT OF HISPANI	C ORIGIN? (Specify Yes		RACE — American Indian.	
BY	1 Never Married 2 3 Widowed 4 Divo	YES 2	ζνο		ecity Cuban, Mexican 3 2 M MO Specify:			Specify: White			
Ë	15, DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	(4	Give kind of wo	SUAL OCCUPATI	ON ost of working	16b. KIND OF BUS	INESS/INDUST	THY	
COMPLETED	6 years)-12) —	College (1-4 or 5+)		louse			at hor	me		
8	17. FATHER'S NAME (First, M						18. MOTHER'S NAM	E (First, Middle, Maiden	Surname)		
BE	Joseph C			_	Marie	D'Angel	0				
2	19a. INFORMANT'S NAME (7			11				oute Number, City or Town			
	Joseph P	-						d Baltimo			
	20a, METHOD OF DISPOSITE 1 A Burial 2 Crematio 4 Donation 5 Other		oval from State	20b. PLACE cemetery, cr MOS t	AND DATE OF ematory or other HO1	pisposition (Not place) Rede	_{emed} emer		CATION — CHY	or Town, State	
- 1	21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE		1 2 92	22. NAME A	ND ADDRESS OF FAC	ILITY			
	1 hunt	500	A Va	20.	1			eral Home		· ·	
	23. PART I. Enter the di	iseasea, or o	complications that	caused the d	eath Do no	t enter the m	ode of dying, such	aven Blvc	ratory arrest.	21286	
J	shock, or he iMMEDIATE CAUSE (Fin	eart failure.	List only one caus	e on each lin	€.					Interval Between Onset and Death	
	disease or condition resulting in death)	→	LEFT	OR AS A CONSE		2 li	BE F	PNEUM	ONIF		
NO	Sequentially list conditi	ions,	END	STA	AGE RENAL DISEA						
CAT	if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju	ING	. CHRO	Nic	CONGESTIVE HEAR				I FAILURE		
CERTIFICATION	that initiated events resulting in death) LAS		DIA	SETE	WEGUENCE OF):						
- I	DADT II Other election	ant annudistan	" >/1110.								
<u></u>	PART ii. Other aignifica	int condition	s contributing to t	seath but not	resulting in	the underlyin	g cause given in F	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
								1 YE\$ 2	□ NO	COMPLETION OF CAUSE OF DEATH?	
Σ								- 1		1 TES 2 NO	
M	25. WAS CASE REFERRED TO	O MEDICAL				26, P	LACE OF DEATH (Che	ck only one)			
SIC	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpatient		OTHER:	ne 5 🗆 Residence (1			
PHYSICIAN: MEDICAL		Pending	28e, DATE OF I (Month, De	NJURY y, Ybar)	28b. TIME INJUI	OF 28c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW II	JURY OCCUR	ED	
ED BY	3 Suicide 6	Could not be determined	28e. PLACE OF building, e	INJURY — At h	ome, farm, str			281. LOCATION (Street a City or Town, State)	nd Number or F	lural Route Number,	
E.	4 Nomicide	determined									
_	29a. CERTIFIER	TIEVING BUVE	CIAN. To the bind of			11					
COMPLETED	(Check only 1 CERT one) 2 MEDI	ICAL EXAMINE	R: On the besis of ex				and place, and due t			use(s) and manner as ataled.	
8	(Check only one) 2 MEDI	OF CERTIFIEF	R: On the besis of exp	mination and/or	investigation,	in my opinion,		ime, date and place, and	d due to the ca	SNED (Month, Day, Year)	
	(Check only one) 2 MEDI 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	OF CERTIFIER F PERSON WHO	R: On the besis of example of example of completed cause	E OF DEATH (ITE	investigation,	in my opinion,	lesth occured at the t	ime, date and place, and	d due to the ca	5-10	
8	(Check only 1 CENT ONE) 2 MEDI 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF CELL (Month, Day.	OF CERTIFIER F PERSON WHO	R: On the besis of example of example of completed causing the completed causing the complete of the complete	E OF DEATH (ITE	investigation,	in my opinion,	29c, LICENSE NUM	ime, date and place, and	d due to the ca	5-10	



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BALTIMORE, MARYLAND 21215-0020	or death.

Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed in the funeral director, page 5 should be detailed in the funeral director, page 5 should be detailed in the funeral director, page 5 should be detailed in the funeral director, page 5 should be detailed in the funeral director, page 5 should be detailed in the funeral director, page 5 should be detailed in the funeral director, page 5 should be detailed in the funeral director, page 5 should be detailed in the funeral director, page 5 should be detailed in the funeral director, page 5 should be detailed in the funeral director, page 5 should be detailed in the funeral director.	De med writin /z indus are deau with the base beet, or result and menta regions to other traumatic event, the medical examiner must be notified at on IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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92 29891 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Raymond PLODZINSKI October 25 1992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH BIRTHPLACE (Shin or Company) IF UNDER 24 HRS. 566 16 8418 82 DAYS 1910 120M 2 | F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Sq. Hospital Rossville DIRECTOR Baltimore County RESIDENCE OF DECEDENT 100 STATE Maryland 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Joppa Harford 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? USA 21085 Joppa Rd. 1036 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YHO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Marrie BY 1 YES 2 KINO Specify White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp. dery (0-12) College (1-4 or 5+) 8 Maintenance Hospital once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown notified at Unknown BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Paral Route Number, City or Kown, State, Zip Code)
400 Katerine Ave. Balto., MD 21221 2 400 Katerine Ave. Leona M. Keller p.e 20a. METHOD OF DISPOSITION
2 Burlet 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State TOTTY THITT' Memorial Gardens 10/28/92 Baltimore Co., MI 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA Ince 1407 Eastern Ave. Balto., MD 21223 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Carcinoma antratio resulting in death) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2/NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Minpetient 2 □ ER/Outpetient 3 □ DOA OTHER: 1 YES 2 NO ne 5 - Residence 6 - Other (Specify) 4 - Nursing H 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 6 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

AMENICAL EXAMINED, On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated one. 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE 03988 10 92 2



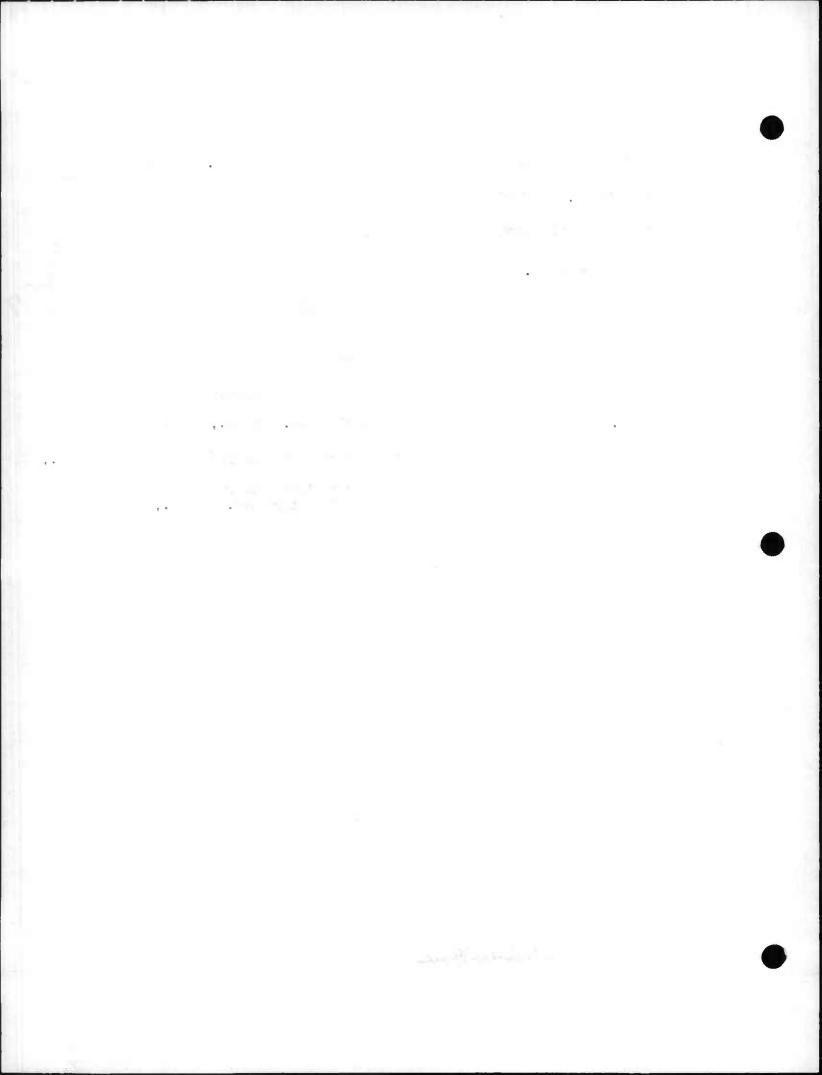
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print)

32. REGISTRAR'S SIGNATURE

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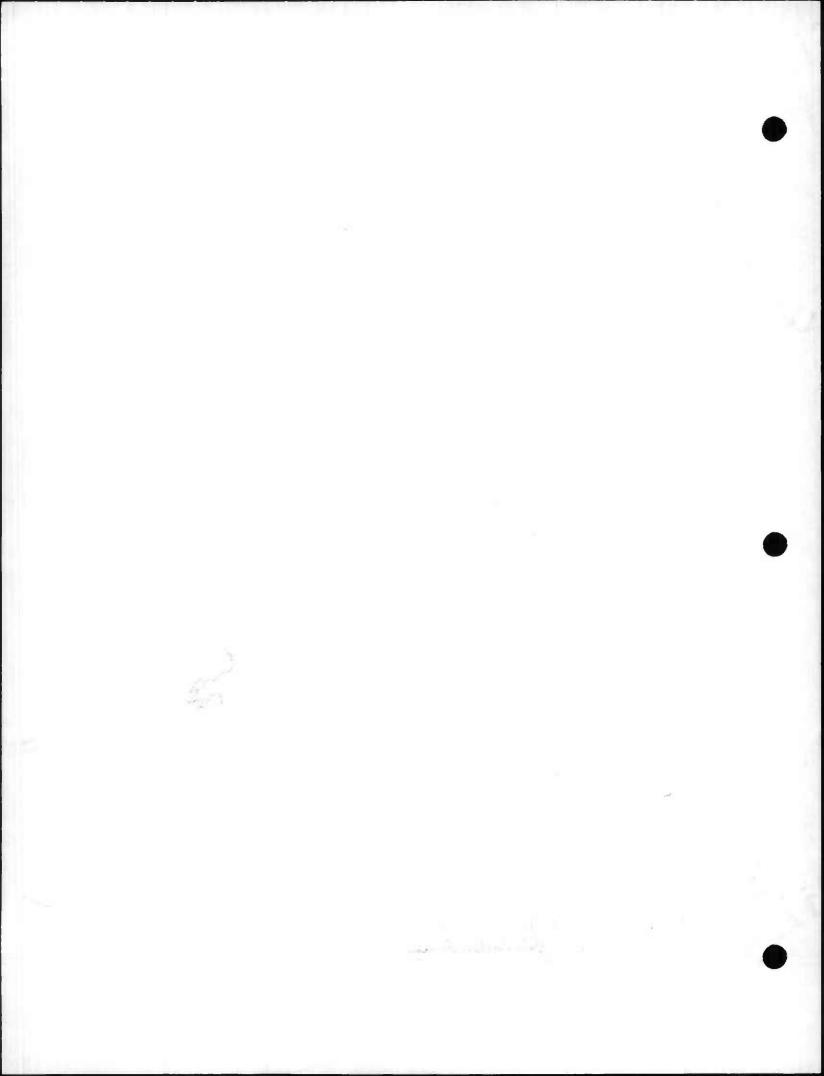
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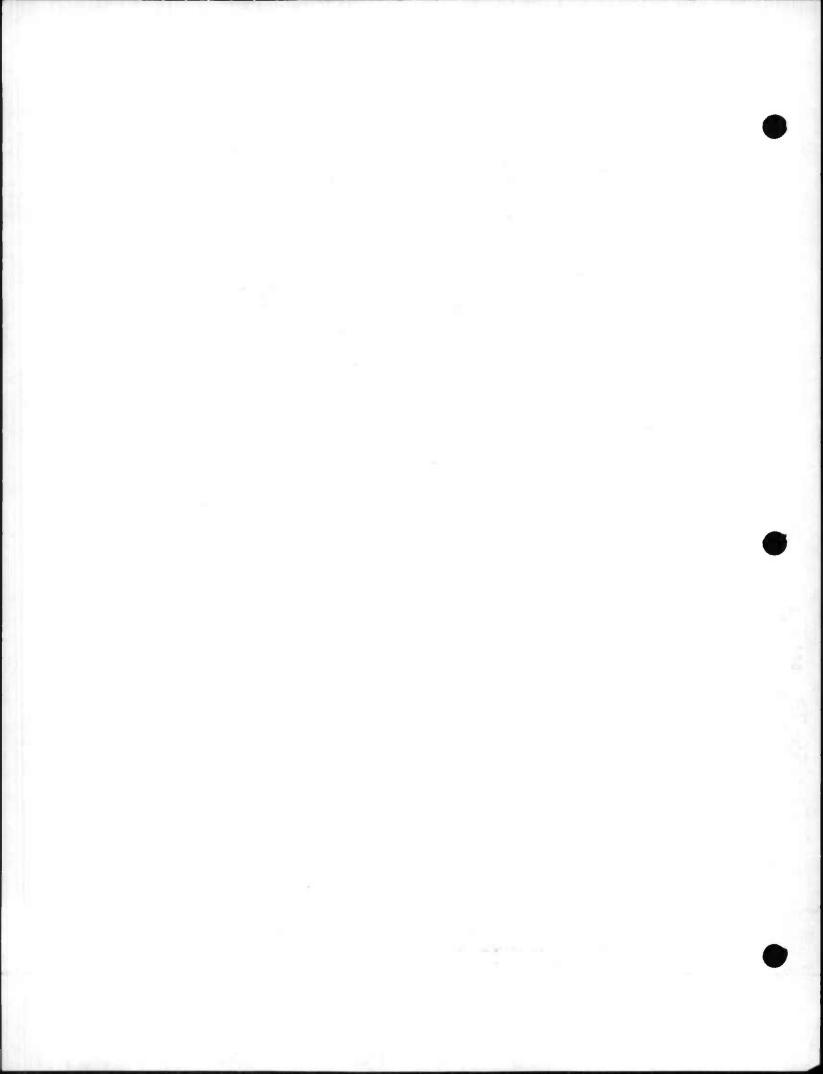
1. DECEDENT'S NAM				ERTIF	ICATE	JI DEATH	_	REG. NO.			
	T Y Pile						MON	e of DEATH	19	YEAR	5:55 a
4. SOCIAL SECURITY 214-08		5. SEX	6. AGE (In yrs. te	st birthday) YRS.	IF UNDER 1 YE		(Mo	E OF BIRTH oth, Day, Year)		. BIRTHP Country)	LACE (State or Foreign
9a. FACILITY NAME		7.	30	Tho.	Sh CITY TO	MN OR LOCATION OF		19 196	9c. COUNT		nopia
							DEATH		27 116		
RESIDENCE OF									160	MEKI	
Virginia				10c. CIT	Alexa						LIMITS?
10. STREET AND NO. 4744	Kenmore	Ave.				101. ZIP CODE 223	04			thop	ia
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3 Widowed 4	Divorced	IF YES, GIVE W				YES 2 KNO Spi		, , , , , ,		Specify	
(Spe	15. DECEDENT'S EDI city only highest grad	JCATION e completed)	(0	live kind of	USUAL OCCUI work done durin	PATION g most of working	10	66. KIND OF BUS	HNESS/INDU	STRY	
(Spe Elementary/Secon 12	ndary (0-12)	College (1-4 or 5 c	•)	Mana)				Co	4 a	. 77 -	
17. FATHER'S NAME (First, Middle, Last)			Mana	ger.	18. MOTHER'S	NAME (First	Middle, Meiden	terin	д на	11
Yohan	nes Pile					ſ	'wabe	ch Kass	shun		
198. INFOHMANT'S N			15	b. MAILING	ADDRESS (St	eet and Number or Ru	al Route Nu	mber, City or Town	7, State, Zip C	ode)	
	ros P Yo	hannes		4'	744 Kei	nmore Ave			2230	4	
20a, METHOD OF DIS	emation 3 🗆 Ren	noval from State	20b. PLACE cemetery, pr	AND DATE	of disposition of the color of	N (Neme of	Octo		CATION - CI		9235
4 Donation 5 21. SIGNATURE OF F		CENSEE	De	erner		E AND ADDRESS OF	199			c. V.	
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Contract Contract	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events partitions and death) LAST.										
If any, leading to cause. Enter UND CAUSE (Disease	or Injury nts	c. DUE TO	(OR AS A CONSE	QUENCE O	F):						
DART II Other ele	or Injury hts) LAST	d				ying cause given	in Part I.	24s. WAS AN	AUTOPSY	24b. V	/FRE AUTOPSY FINDINGS
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If any, leading to cause. Enter UND CAUSE (Disease that initiated ever resulting in death	or Injury hts) LAST	d				lying cause given	in Part I.		MED?	6	MAILABLE PRIOR TO
DART II Other ele	or Injury hts) LAST gnificant conditio	d				ying cause given	in Part I.	PERFOR	MED?	6	OMPLETION OF CAUSE OF DEATH?
if any, leading to cause. Enter UND CAUSE (Disease that initiated ever resulting in death PART ii. Other signal of the cause of the cau	or Injury the () LAST	d. ns contributing to HOSPITAL:	deeth but not	resulting	in the under	8. PLACE OF DEATH	Check only	PERFOR 1 VES 2	MED?	1	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
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25. WAS CASE REFERENCE TO THE PROPERTY OF DEAT TO THE PROPERTY OF DEAT TO THE PROPERTY OF DEAT TO THE PROPERTY OF DEAT TO THE PROPERTY OF DEAT TO THE PROPERTY OF DEAT TO THE PROPERTY OF DEAT TO THE PROPERTY OF DEAT TO THE PROPERTY OF DEAT TO THE PROPERTY OF DEAT TO THE PROPERTY OF DEAT TO THE PROPERTY OF DEAT TO THE PROPERTY OF DEAT TO THE PROPERTY OF DEAT TO THE PROPERTY OF DEAT TO THE PROPERTY OF DEAT TO THE PROPERTY OF DEAT TO THE PROPERTY OF THE PROPERTY	or Injury the condition of the condition	HOSPITAL: 1 Inpetion 2 28e. PLACE O building.	DER/Outpatient: INJURY 19, 79 9 2 FINJURY — At hatc. (Specify) P my knowledge, de	26b. TIM N. 5:5	OTHER: 4 Nursing 1street, factory, C ROA	5. PLACE OF DEATH Home 5 Resident INJURY AT WORK? YES 2 NO office DWAY	Check only 6 (X) Orl 28d. Di SU 28f. LO H 97 # 2	PERFOR 1 VES 2 DOT (Specify) ESCRIBE HOW IN BJECT CATION (Street a CHIW FARE) 7 0 UNI LINGS man	PUBLI JUNY OCCU VICT ON AND HAR NUMBER OF NORT	C H RED 'IM Rural Roo 'HBO IGH ESD	IGHWAY OF WAY #495 A, MARYL
25. WAS CASE REFEREXAMINER? 1 2 YES 2 2 27. MANNER OF DEAT 1 Natural Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2	or Injury the condition of the condition	HOSPITAL: 1 Inpetient 2 28s. DATE OF (Month, D) 1 O / 1 28s. PLACE O building,	DER/Outpatient: INJURY 19, 79 9 2 FINJURY — At hatc. (Specify) P my knowledge, de	26b. TIM N. 5:5	OTHER: 4 Nursing 1street, factory, C ROA	5. PLACE OF DEATH Home 5 Resident INJURY AT WORK? YES 2 NO office DWAY	Check only of & Xon SU SU SU 28f. LO H 97 # 2 sue to Balk he time, da	PERFOR 1 VES 2 DOT (Specify) ESCRIBE HOW IN BJECT CATION (Street a CHIW FARE) 7 0 UNI LINGS man	PUBLI JURY OCCU VICT ON NO RT OER H DER H DER H DER H DER H DER H DER H DER H DER H DER H DER H DER H DER H DER H DER H	C H RED IM Rural Roo HBO IGH LESD CBUSS(8)	IGHWAY OF AND NUMBER OF CAUSE OF AND NUMBER AND ROUT WAY #495 A, MARYL and manner as stated.
25. WAS CASE REFEREXAMINER? 1 2 YES 2 2 27. MANNER OF DEAT 1 Natural Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2	or Injury the provided in the	HOSPITAL: 1 Inpetient 2 28s. DATE OF (Month, D) 1 O / 1 28s. PLACE O building,	DER/Outpatient: INJURY 19, 79 9 2 FINJURY — At hatc. (Specify) P my knowledge, de	26b. TIM N. 5:5	OTHER: 4 Nursing 1street, factory, C ROA	8. PLACE OF DEATH Home 5 Residence INJURY AT WORKY YES 2 NO office DWAY date end place, and com, death occured at it	Check only 6 (Xon 26d, Di SU EX 26f, LO H 7 # 2 ue to Belt he time, de	PERFOR 1 VES 2 DOT (Specify) ESCRIBE HOW IN BJECT CATION (Street a CHIW FARE) 7 0 UNI LINGS man	PUBLI JUNY OCCU VICT ON NO RT DER H DER H DER H 20d. DATE:	C H RED TIM RUTAL ROOT PHBO LIGH LESD COURSE(S) SIGNED (A	IGHWAY OF WAY #495 A, MARYL



	BALTIMORE, MARYLAND 21215-0020	SIGNAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal.	medical examiner must be notified at once.
100 21-52-852-1	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HEATTH OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 in	TO THE TOTERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle, Last) JOHN	D.	RAJOPPI			2. DATE OF DEATH MONTH OCTOBER	DAY Y	3. TIME OF DEATH 2 7:34A M
	4. SOCIAL SECURITY NUMBER 144-05-8441	%XM2□F 78		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year Nov. 6,1	0.	BARTHPLACE (State or Foreign Country) New Jersey
TOR	9a. FACILITY NAME (If not institution, give a THE JOHNS RESIDENCE OF DECEDENT	S HOPKINS HOSPITAL BALTIMORE CIT				9c. COUNTY		
DIRECTOR	10e. STATE 10b. COUNTY	v Wayne	11	TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER RRI BOX 110E			101	21P CODE 18417	-		S. A.
BY	11: MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DEC	ENDENT OF HISPAI acity Cuban, Mexica A NO Specifi	NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	Yes or No- 14	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Cotlege (1-4 or 5+) NA	Ille. Do NOT use	rk done during mo retired.)	n st of working pervisor	22441111221	BUSINESS/INDUS	TRY
	17. FATHER'S NAME (First, Middle, Last) Anthony Rajoppi		nechan	icai su	16. MOTNER'S NA	ME (First, Middle, Maid erine Ca		
TO BE	19a. INFORMANT'S NAME (Type/Print) Donald Rajoppi (S	on)			nd Number or Rural i	Route Number, City or nk, Pa. 1	Town, State, Zip Co	rde)
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State come	PLACE AND DATE OF Regry, crempatory or othe L. Teres	a s Cem	etery		LOCATION CHy Summit,	y or Town, State New Jersey
	21. SIGNATURE OF FUNERAL SERVICE LIC	Collin		Schim 3331	Brehms L	eral Home	cimore,	Md. 21213
	IMMEDIATE CAUSE (Final	a. DISSEMINA	ch line.					t, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): LACOUR PUTTURE 12 Hours 10 OA'S							12 Hours
PHYSICIAN: MEDICAL C	PART II. Other significant condition Lul VER FAILU PENAL FAILU	ree	it not resulting in	the underlying	g cause given in	PERI	AN AUTOPSY FORMED? 2 風 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ANO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)	·	
ВУ РНУ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ		29d. DESCRIBE HO	W INJURY OCCUR	NED
요	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	At home, larm, str	eet, factory, offic		281. LOCATION (Stre City or Town, St.		Rural Route Number,
COMPLET		CIAN: To the best of my knowle						
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHI		7, PHO	rint)	1755			GNED (Month, Day, Year)
	PLOSERT A. MONTON DON YOUR DON'T DON				20,60	ALTIMORE	e mari.	LAND, 2.214

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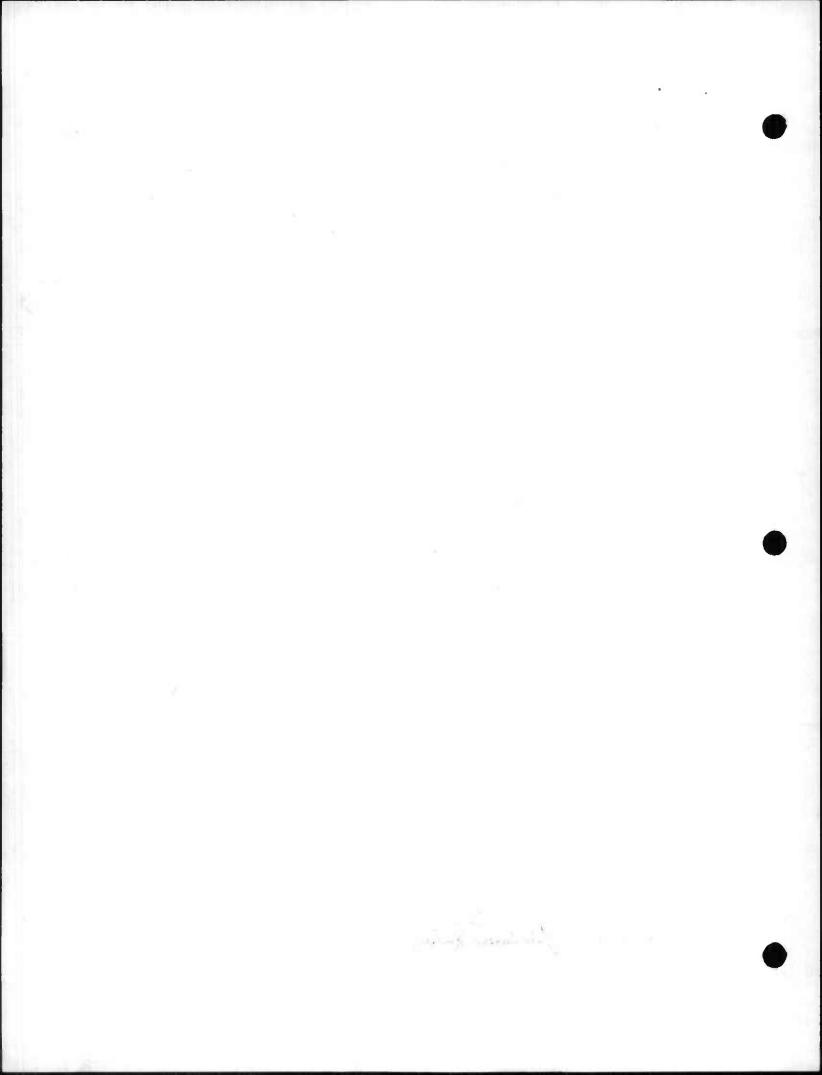


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho lifed within 72 hours after death with the State Dept. of Health and Mental Hygiere prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or them 23 shows any Intury, or other traumatic event, the medical examinar must be marked, as name.

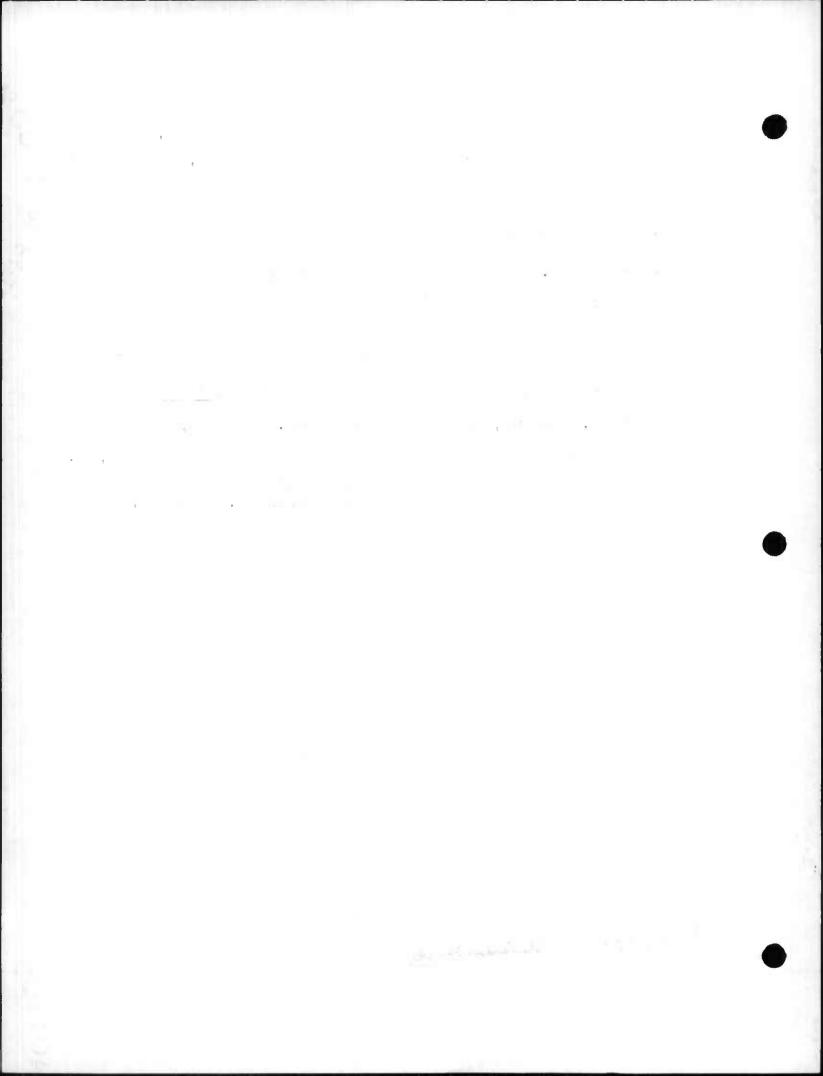
FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG, NO.							
	M. LOUISE REYNOLDS 2. DATE OF DEATH MONTH DAY YEAR 5:12 a							
	4. SOCIAL SECURITY NUMBER 2/2-0/-72/9 1 M 2 F 96 YRS. 8. AGE (In yrs. lost birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Pay, Year) Pennsylvania							
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH BATTMORE RESIDENCE OF DECEDENT 9c. COUNTY OF DEATH BATTMORE							
DIRECTOR	Hesidence of decedent 10a. State 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY LIMITS? 1 χ OX'ses 2 \square no							
FUNERAL	104. STREET AND NUMBER 2211 W. ROGERS AVE 101. ZIP CODE USA							
BY	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 3 Never Married 1 Never Married 4 Never Married 1 Never Married 5 Never Married 1 Never Married 6 Never Married 1 Never Married 6 Never Married 1 Never Married 7 Never Married 1 Never Married 8 Never Married 1 Never Married 9 Never Married 1 Never Married 1 Never Married 9 Never Married 1 Never Married 2 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 1 Never Married 2 Never Married 1							
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (She kind of work done during most of working life. NOT use retired.) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)							
COMPLETED	Elementary/Secondary (0-12) Unknown College (1-4 or 5+) Homemaker							
SON	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname)							
BE (David Henry Batman Annie Laurie Strickler							
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Possory I Possorolda Cr							
į	Percy L. Reynolds, Sr. 2211 W. Rogers Avenue Apt. 114A Balto, MD 21209 20a. METHOD OF DISPOSITION 1 Burlai 2 & Cremation 3 Removed from State 20b. PLACE AND DATE OF DISPOSITION (Name of cargetery, cremating or other place)							
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Metro Crematory 10/27 Catonsville, MD							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BURGEE—Henss Funeral Home							
	3631 Falls Road Baltimore, Maryland 21211							
	23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardiac or respiratory arrest.							
	Interval Between							
	IMMEDIATE CAUSE (Fifial disease or condition resulting in death) Due to (or as a consequence of):							
	DUE TO (OR AS A CONSEQUENCE OF):							
NOI	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
CAT	Cause. Enter UNDERLYING CAUSE (Disease or injury							
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST							
	DACT II Other plenitient codition and half of the codition of							
DICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
ME	1 YES 2 NO							
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)							
PHYSICIAN:	EXAMINER? 1							
H	27. MANNER OF DEATH 28e. DATE DF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED							
ВУР	t Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 ND							
B	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.							
E C	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)							
0	Menhant 1, MD							
ĭ	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
	NETHARA BERNHAROT Eine HESPHAD 2401 W. Belveder Aug Salt MD 21215							
	"UCT" 1992 July Santa Paris							



HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Debt, of Health and Mental Hyolene prior to burial, cremation, or removal	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netflied at once.
TO THE HOSPITAL OR	THE FUNERAL DIR	MPORTANT: If iten

	1 - STATE REGISTRAR	STATE OF MARYLAND / I		MENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest) Stella May Ra	atusnock				2. DATE OF DEATH BONTH OCTOBER	2 5, 19	3. TIME OF DEATH
5	02.0 04.0000	6. AGE (In yrs. last. 79		F UNDER 1 YEAR ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign County) rginia
OR	9a. FACILITY NAME (If not institution, give street and number) 1 Homberg Avenue 9b. CITY, TOWN OR LOCATION OF DEATH ESSEX Baltimore							
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE Maryland Balt:	imore		TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
FUNERAL D	100. STREET AND NUMBER 1 Homberg Ave.			101	. ZIP CODE 21 221		10g. CITIZEN	1 ☐ YES 2 🛣 NO OF WHAT COUNTRY? USA
B		2. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 DEC IF YES, GIVE WAR OR DATES	IED)	If yes, spe	ENDENT OF NISP	ANIC ORIGIN? (Specify Yesten, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCAT: (Specify only highest grade con Elementary/Secondary (0-12)		EDENT'S US e kind of work Do NOT use n	BUAL OCCUPATION to do during mostered.)	N st of working	16b. KIND OF BU	siness/inoust	
BE CO	17. FATHER'S NAME (First, Middle, Last) Howard Shifle	ett				AME (First, Middle, Melden i Ann Shiff		
10	William R. Ratus	snock, Husband	MAILING AC	Homber	nd Number or Rure	Baltimore	m, State, Zip Coo	221
	20e. METHOD OF DISPOSITION 10 Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State cerestery crem	ND DATE OF C	pisposition (Na PCE me te	ry	10/28/92 I	CATION — CHY BOONSVI	or Town, State
	21. SIGNATURE OF FLINERIAL SERVICE-LICENT	-DLA	~	1407	Eastern	Ave. Balt	timore,	
	23. PART I Enter the diseases, or com- shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on each line.					iratory arrest,	Approximate interval Between Onset and Death
NO	disease or condition resulting in death) a. Cricustage Coph Due to (or as a consequence of): Sequentially list conditions,							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (DR AS A CONSEQU	JENCE OF):					
CERT	resulting in death) LAST							
: MEDICAL	PART II. Other aignificant conditions c	ontributing to death but not re-	suiting in t	the underlying	cause given in	1 Part I, 24a, WAS AN PERFOI	PMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	0	26. PL	ACE OF DEATH (C	heck only one)		
PHYSICIAN:	1	Inpatient 2 ER/Outpatient 3 E8s. OATE OF INJURY (Month, Day, Year)		Nursing Homo	JRY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	ED
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hom building, etc. (Specify)	e, farm, stre		ES 2 NO	28f. LOCATION (Street City or Town, State)		lural Route Number,
LET	20. CERTIFIED	N: To the best of my knowledge, dest	h occurred a	at the time date	and place, and du	e to the councie) and ma		
COMPLETE	000) 2 MEDICAL EXAMINER: C	On the besia of axamination and/or im			eath occured at th	e time, date and place, an	d due to the ca	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MANUEL STEEL CALLES OF ASSESSED	AT (7		DISS	98	≥ / O	2692
	30. NAME AND ADDRESS OF PERSON WHO CO	Inen 4061	EUS	terr	Blu	d. Bal	to mi	021221
	" UCT 27 1992 Ju	32. REGISTRAR'S SIGNATURE						



uid be detached for use as the burial-transit permit. Pages 1, 2, 3 should ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND	nours after death. Page 6 may be retained by the hosp	d in by the funeral director, page 5 should be detached	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF AFTENDING PHYSICIAN: The law requires that the death certificate be executed within Actiours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 70 house after death with the Case has need at Health and Marcel Uniques after the market of page 5 should be detached.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last) Edna Stewart Ru	ussell	2. DATE OF DEATH MONTH DAY

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH													
	Edna Stewart Russell									_	YEAR			
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs les			est birthday)	t birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			Oct. 22. 1992 .			15:24 · M			
	272 22 200	373 22 3999		87	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	Month, Day, Year)		Country)	
	9a. FACILITY NAME (If not in	stitution, give s	etreet and number)			9b. CITY	. TOWN	OR LOCATI	ON OF DE	Jan . 12.	1905		nsas - ·	
Œ	Union Memo			•		96. COUNTY OF DEATH Baltimore 96. COUNTY OF DEATH						an.		
8	RESIDENCE OF DEC							1.6.11	OLC					
DIRECTOR	10a. STATE	10b. COUNT	Y		10c. CIT	TY, TOWN	OR LOCA	TION				1	Od. INSIDE CITY	
	MD.	1	Baltimore	9		Whi	ite 1	Ha11			LIMITS? 1 YES 2 X NO			
AL	10e. STREET AND NUMBER					101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?				
띮	1615 White Hall Road					21161				USA				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM								IIC ORIGIN? (Specify Yes or No- 14. RACE - American Black, White, etc.)			- American Indian,		
BY F	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			If yee, specify Cuben, Mexican 1 ☐ YES 2 🛣 20 Specify:										
	7 XWidowed 4 Divo	rced								White			te .	
Ē	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)				SUAL OCCUPATION k done during most of working			16b. KINO OF I	INO OF BUSINESS/INDUSTRY			
Ш	Elementary/Secondary (0	1-12)	College (1-4 or 5		e. Do NOT u	Do NOT use retired.)								
₽	12				Hou	Housewife			Homemaker					
COMPLETED	17. FATHER'S NAME (First, M	iddie, Last)			18. MOTHER'S NAM			ME (First, Middle, Maiden Surname)						
8			Ed Stew	art						Lucy An	n Page	2		
2	19a. INFORMANT'S NAME (7)	ype/Print)		1	96. MAJLING	ADDRES	S (Street a	nd Numbe	or Rural F	Noute Number, City or 1	own, State, Zi	p Code)		
-	Mr. Stewar	t Russ	sell		152	21 Hu	nte	rs Mi	11 R	d., White	e Hall	, Md.	21161	
	20e. METHOD OF DISPOSITE		ovel from State	20b. PLACE cemetery, cr	AND DATE	OF DISPOS	SITION (No	ime of		OATE 20c.	LOCATION -	City or Town	, Stela	
	4 Donation 5 Other	(Specify)		She	TWOO	Cen	ete	ГУ		10/26/9	2 Coc	keysv	ille, MD.	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE "	MIL	-	22.	NAME A	ND ADDRE	SS OF FAC	CILITY				
	> U	Bryan	W. Clar	77	,		Le	mion	-Mit	chell-Wie	edefe1	d, Inc	Md. 21093	
	23. PART I. Enter the di				eath. Do	not enter	the mo	de of du	Pado	nia Rd.	Timor	ium.	Md. 21093 Approximata	
	snock, or be	eart fallure.	Liet only one ca	use on anch lin	€.			ac or cy	ing, acci	ras cardiac of 16	ipiratory ar	reat,	Interval Between	
	IMMEDIATE CAUSE (Finish disease or condition CARDIO PULMONARY ARREIT							Onset and Death						
	resulting in death)	7		OR AS A CONSE			~~							
_			EXTON.	LIVE C	FRE	BRO	V	45601	-MR	ACCIDEA	T		30 hours	
CERTIFICATION	Sequentially list conditi		b. DUE TO	(OR AS A CONSE						71-0			3	
F	cause. Enter UNDERLY!	NG	•										İ	
Ĕ	CAUSE (Disease or Inju that initiated eventa	η I	DUE TO	(OR AS A CONSE	OUENCE O	F):								
F	resulting in death) LAS	T .	d,											
	PART II Other election	nt condition		4										
MEDICAL	PART II. Other aignificent conditions contributing to death but not n			reaulting	uiting in the underlying cause given in Pr			Part I. 24s. WAS AN AUTOPSY PERFORMED?		, Al	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă							1-1 YES	2 🗆 NO	OMPLETION OF CAUSE F DEATH?					
E										_ '		1	YES 2 NO	
ž														
ठ	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ick only one)				
YSI	1 YES 2 NO		1 Dirinpetient 2	☐ ER/Outpatient	BOA DOA	4 Nun		• 5 □ Ra	sidenca	8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE Of (Month, L		28b. TIM	E OF	28c. INJ WO	URY AT		28d. DESCRIBE HOY	INJURY OC	CUREO		
	2 Re PLACE OF IN MICH. At home down about destant and a comment of the comment of								te Number,					
Solicition of the determined building, etc. (Specify) 28t. LOCATION (Street and Number of Inches of Inche														
2	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowledge, d	eath occurr	ed at the t	lme, data	and place	and due	to the cause(s) and n	nanner aa ste	led.		
O	one) 2 MEDI	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
		NO. COMATURE AND VIVE OF CONTROL												
BE (6	The Mr. DAY-)							1 - 92					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							10 000	100						
_ FRANCISCO DUDA Union Memorial Hapital														
	31. DATE EILED (Marin, Day)	199	22. J. GLATA		2				-	4				
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MORPHIAL OF ATTENDIAGE PHYSICIAN. The INv requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to		TIANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

92 29897

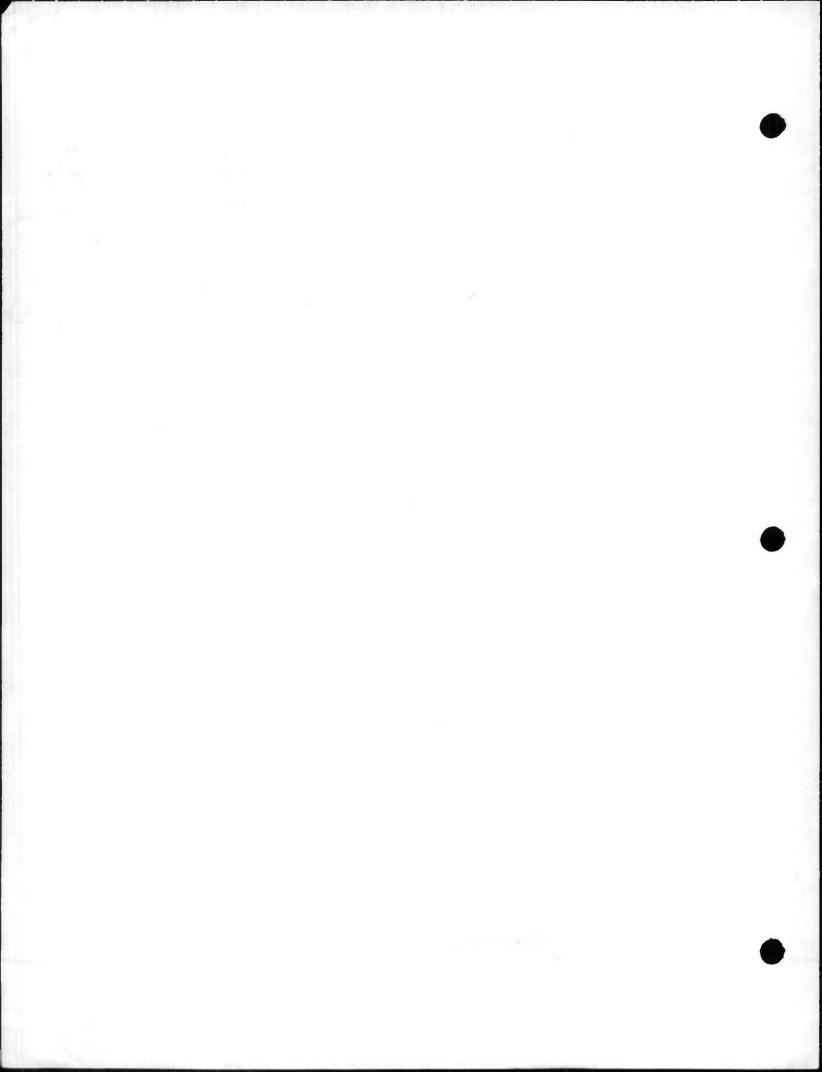
1 - FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPARTI CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIEI	NE 92	29897
1. DECEDENT'S NAME (First, Middle, Late LUTHER J. SPIV				2. DATE OF DEATN	NAV VE	3. TIME OF DEATH 2:55 P
4. SOCIAL SECURITY NUMBER 219–16–2837	1∭ M 2 □ F	71 YRS. MC	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHE DAYS HOURS MIN.	7. DATE OF BIFTTN (Month, Day, Year) 11/29/20	0. 8	NIRTHPLACE (State or Foreign Country) RYLAND
9a. FACILITY NAME (If not institution, gA		9	FORT HOWARD		BALTI	
VA MEDICAL CENTRESIDENCE OF DECEDENT 10a. STATE 10b. COU MARYLAND	NTY		OWN OR LOCATION IMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 5007 ELMER AVE			21215		10g. CITIZEN USA	OF WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, OIVE WAR OF	ES 2 NO	13. WAS DECENDENT OF NISP If yes, specify Cuban, Mexi 1 YES 2 NO Spe	can, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc.
15. DECEDENT'S E (Specify only highest gn Elementary/Secondery (0-12) 12th 17. FATHER'S NAME (First, Middle, Last)	DUCATION ide completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of working	16b, KIND OF BU	JSINESS/INDUST	яу
			16. MOTNER'S I	NAME (First, Middle, Maider		
WILLIE SPIVEY 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rura			EMORE)
CLINICAL RECOR	OS		ICAL CENTER, F			
20a, METNOD OF DISPOSITION 1 V Burial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	emoval from State	20b. PLACE AND DATE OF C		1029920w	ings Mi	or Town, State
21. SIGNATURE OF FUNERAL SERVICE	e War	(22. NAME AND ADDRESS OF MARCH		Come (west
ahock, or heart failure. List only one ceuse on aech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. GANGRENE OF LEFT LOWER EXTREMITIES DUE TO (OR AS A CONSEQUENCE OF): PERIPHERAL VASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):						Oneet and Dea
PART H. Other algorificant condition OLD CVA	ona contributing to deeth	n but not resulting in t	he underlying ceuse given i	Part i. 24a, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	Check only one)		
1 TES 2 NO	HOSPITAL:	utpetient 3 DOA 4	THER: ☐ Nursing Home 5 ☐ Realdence	8 Other (Specify)		
1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Yea		F 28c, INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number,					
29e. CERTIFIER (Check only one) 1 CERTIFYING PHY	SICIAN: To the bast of my kn	owledge, death occurred a tion and/or investigation, is	t the time, date and place, and do n my opinion, death occured at th	e to the cause(a) and ma	nner ea atated.	se(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	John John		D 305	JMBER		NED (Month, Day, Year)
DR. BALA DUGGIE			nt)		21052	
31. DATE FILED (Morith, Day, Year) OCT 2 7 199	2 Julie David	our Badelle	, 220 110			

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IVISION OF VITAL RECORDS, P.O. BOX 68760,	A STATE OF THE PARTY OF THE PAR
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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	ificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR		MARYLAND C	/ DEPAI					MENTA	AL HYGIEN REG. NO		92	29098
	1. DECEDENT'S NAME (First, Middle, Last, Charles Spa	ingler							2. DATI	E OF DEATH D	AY /7	YEAR 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213 12 3450	5. SEX 1 M 2 F	6. AGE (In yrs.)	lest birthday) YRS.	IF UNDER	DAYS	IF UNDE	1 24 HMS, MHHs,	(Mon	OF BIRTH th, Day, Year) 24-191	4	Countr	IPLACE (State or Foreign y)
TOR	9a. FACILITY NAME (If not institution, give Union Memor		ital		9b. CITY			re C			9c. COL	nty of d	
DIRECTOR	10a. STATE 10b. COUNT Maryland na				Balt								10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	4 E 32nd Street	: (Jeffer	son Hou			_	212				10g. C11	US	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE 1	YES 2 MAR OR DATES	NO		If yes, sp	ecity Cubi	OF HISPAN In, Mexica Specify	in, Puerto	N? (Specify Yes Rican, etc.)	or No	Speci	- American Indian, c, White, etc. ly: hite
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 12yrs.	UCATION le completed) College (1-4 or 5		Give kind of fe. Do NOT u	work done se retired.)	during mo	st of worki	ng		b. KIND OF BU			
	17. FATHER'S NAME (First, Middle, Last)	ngler			ecu.	LIC				alto An Middle, Malden e Ru	Sumame)	seum	
TO BE	19s. INFORMANT'S NAME (Type/Print)		1							nber, City or Tow			
-	Charlotte E.	Ferkler						St.	Ba	lto.			
	20e_METHOD OF DISPOSITION 1 Buriel: 2 Cremation 3 Ret 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF DISPOSITION (Name of correctory, cremetory, or other place Cem.				DATE 20c. LOCATION — City or Town, State Balto.			wn, State				
	21. SIGNATURE OF FUNERAL SERVICE L	R. Par	ld Wade	, Dir		Her	rv	SS OF FA	Jen	STATE &	SANST Lto	ns (COARD 21212.
z	23. PART I. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Seps	it caused the cuse on each line	16.		the mo	de of dy	ing, suc	h as car	diac or respi	iratory ar	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· Pre	OR AS A CONS	ia/	MR	251	7						
: MEDICAL	PART II. Other significant conditio	na contributing to	death but not	resulting	In the ur	derlying	cause	given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	eck only o	ne)			
YSIC	1 TES 2 NO	HOSPITAL: 1 in Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	OTHER 4 Num		• 5 □ R	esidence	# Oth	er (Specify)			
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF (Month, L		26b. TIN	IE OF JURY M		URY AT RK? 'ES 2 [] NO	28d. DE	SCRIBE HOW I	NJURY OC	CURED	
								loute Number,					
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYS) and manner as stated.
w II	296. SIGNATURE AND TITLE OF CENTIFIE							ENSE NUN					(Month, Day, Year)
TO B	Marco Con	he					RE	5100	5NT		> /	10/1	7/92
	Marco Castr	O /	SE OF DEATH (IT	M 27) (Type	Print)	Me	mo	ria	61	16501	61	,	,
	OCT 2 1 1992	THE PENSON	AR'S SIGNATURE	2								=	



dan.	-transit normit Page 1 2 3 should	and between the color of the color	
by the hospital or attending phys	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit narmit pages 1.9.3 elso		at once.
Souther the law required that the death certificate be executed within 24 hours after beath. Page 6 may be retained by the hospital or after	the funeral director, page 5 should	oval.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
c de executed within 24 nous at	sician and completely filled in by	rior to burlal, cremation, or rem	traumatic event, the medic
lequites that the usabli certifical	wen signed by the attending phy	with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	shows any injury, or other
ALLENDARD PRESIDENT. THE ISM	CTOR: After this certificate has b	r deat	I item 28 is marked, or item 23
THE HOLLING ON	JULIAR FUNERAL DIRE	be the within 72 hours after	WPDRTANT: If Item

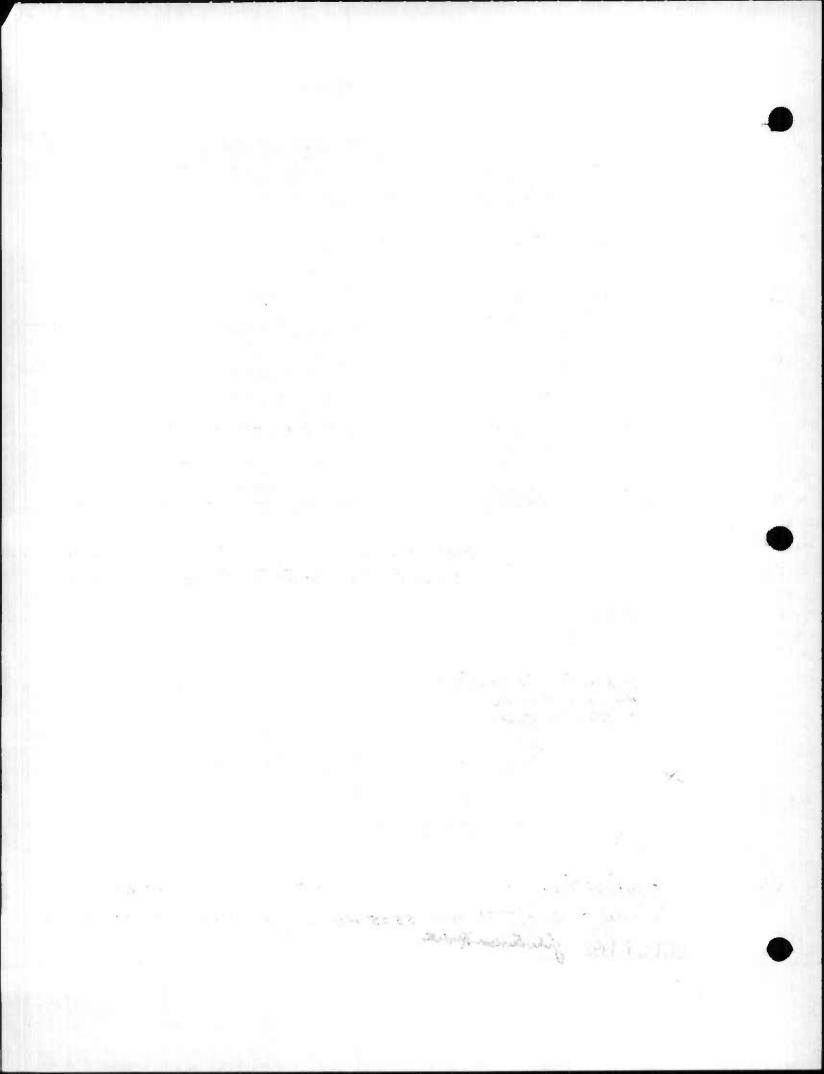
	FOR 1 - STATE REGISTRAR	STATE DF !	MARYLAND (/ DEPAI ERTIF	RTMEN	IT OF I	IEALTH A	ND MI	ENTAL HYGIEN REG. NO		92	29099	
	1. DECEDENT'S NAME (First, Middle, Last)	Stat	ford						MONTH D	"25	YEAR 93	3. TIME OF DEATH 4 1/8 AM	
	4. SOCIAL SECURITY NUMBER 195-07-2935	5. SEX 1 M 2 D F	6. AGE (In yrs. In	st birthday) YRS.	IF UND MONTHS	ER 1 YEAR DAYS	IF UNDER 24		Month, Day, Yber) April 22,	1911	Countr	IPLACE (State or Foreign	
TOR	9e. FACILITY NAME (If not institution, give a Francis Scott		Udico	Cart		CY, TOWN I	on LOCATION	OF DEAT		96,500	JNTY OF D	EATH -	
FUNERAL DIRECTOR	Maryland				Y, TOWN	DR LOCA	TION					10d. INSIDE CITY LIMITS? XX YES 2 \(\square\) NO	
IAL	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CIT		WHAT COUNTRY?	
NER	413 S. Bonsal St						21224	4		Į	U. S.	. A.	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W WWII	X YES 2 1	RMED NO	13	If yes, sp	ENDENT OF ecity Cuben, 2 XNO	Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No—	14. RACE Block Specif	- American Indian, White, etc.	
ED	15. DECEDENT'S EDUI (Specify only highest grade	CATION COmpleted)	16a. DE	ECEDENT'S	USUAL	OCCUPATION	ON		16b. KIND OF BU	SINESS/INI	DUSTRY		
COMPLETED	Elementary/Secondary (0-12) NA	College (1-4 or 5 -	·)	. CCOUI	se retired.)	st of working erk		Oil	Compa	any		
S	17. FATHER'S NAME (First, Middle, Last)						18. MOTNE	R'S NAME	(First, Middle, Maiden	Surname)			
BE	Joseph P. Staffo	rd							1cEvoy				
5	190. INFORMANT'S NAME (Type/Print) Anne M. Stafford	(Wife)							to Number, City or Tow Ltimore,				
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remote Control Buriel 2 Cremation 3 Remote Control Buriel	oval from State	20b. PLACE Cometery, Co.						0ATE 200. LO 10/29 Ba		City or Ton	wn, State Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			S	chimu		uner	al Home as Baltin	nore.	Md.	21213	
	23. PART I. Enter the diseases, or o shock, or heart failure. I	omplications the	t caused the de se on each line	eth. Do i	not ente	r the mo	de of dying	g, auch a	e cardiac or reapi	ratory an	reat,	Approximata Interval Between	
	disease or condition reaulting in death)		Pnzu	moi	010				1			Onset and Death	
NO	disease or condition resulting in death) a. Prizumonia or one or one or or or or or or or or or or or or or									yes			
CATIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	(DR AS A CONSE	DUENCE O	F):				1			V	
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	F):								
PHYSICIAN: MEDICAL C	PERFORMED? AMAILABLE PRIOR TO								WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
≥	· Blodde	- Carl	1.		_				380			1 TYES 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE DF DEAT	TH (Check	anly one)				
EXAMINER? 1 YES 2 NO NO NO NO NO NO NO NO													
BY PHY	27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? M 1 YES 2 N						28d. DESCRIBE NOW INJURY OCCURED					
	3 Sulcide 5 Could not be distermined	28e. PLACE Of building,	FINJURY — At ho etc. (Specify)	me, farm, s	treet, fac	ctory, office	,	26	St. LOCATION (Street a City or Town, State)	nd Number	ber or Rural Route Number,		
COMPLETED									the cause(a) and man			and manner as stated.	
BE	256. SIGHATURE AND TITLE OF OFFITTINES	-					294. LICENS			29d. DAT	E SIGNEO	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH PIE	M 27 /3	Ontact		VU /	, 0	/	-	1/23	110	

MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5505 Hopkins

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30. NAME AND ADDRESS OF PER JOHN F 31. DATE FILED (MORIT), Day, Year) OCT 2 7 1992



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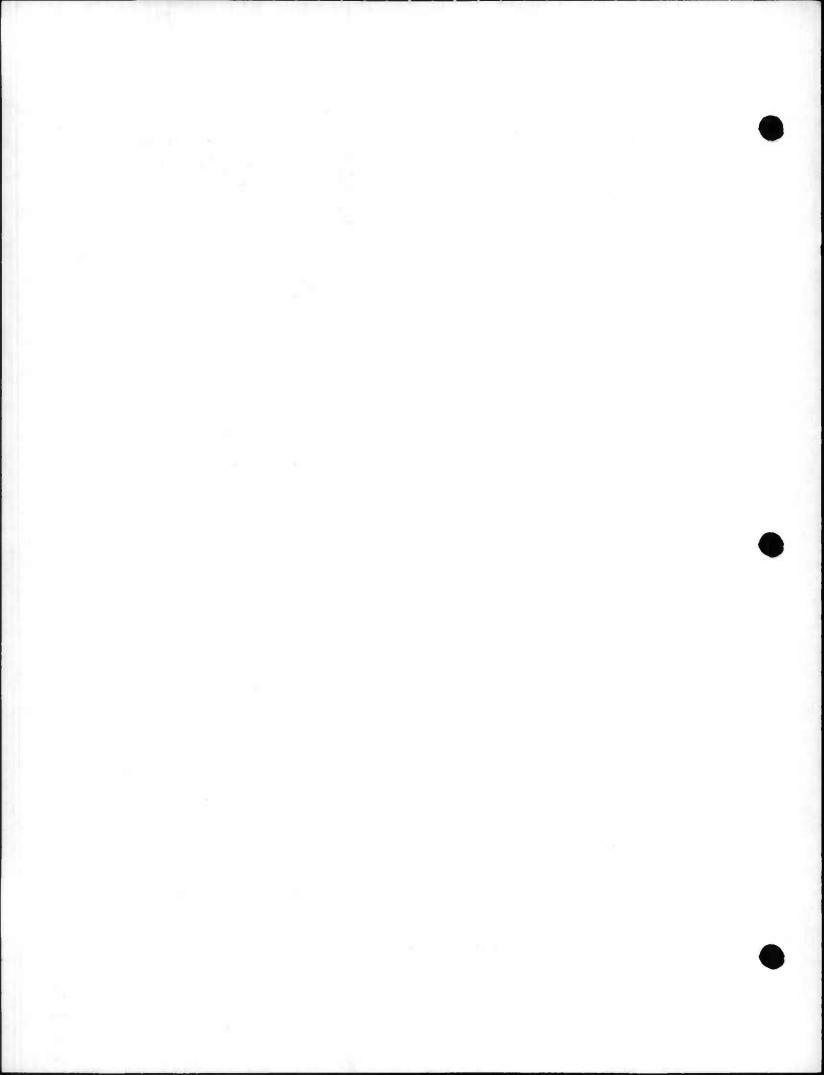
UR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician.

If the property of the property of Health and Mental Hygiene prior to burial, cremation, or removal.

If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEA	LTH AND MENTAL HYGIENE
CERTIFICATE OF D	EATH REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALTH AND	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Lest) William	R. Schul	ltz		2. DATE OF DEATH DA	,1992	3. TIME OF DEATH 9:15am
	4. SOCIAL SECURITY NUMBER 216-07-6201	1 🖾 M 2 🗆 F	YRS. MONT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	June 25, 1	.898 N. BIRT	HPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give s 1519 Wilson RESIDENCE OF DECEDENT			Middle R		Balt	timore
DIRECTOR	10e. STATE 10b. COUNT	y Baltimore	10c. CITY, TO	Middle Ri	ver		10d. INSIDE CITY LIMITS? 1 YES 2 THO
FUNERAL	100. STREET AND NUMBER 1519 Wilso	on Point Ro	ad	10f. ZIP CODE	220		WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Mindowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 ONO Specif	an, Puerto Rican, etc.)	or No— 14. RAC Blac Spec	E - American Indian, t, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specilly only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	one during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
MP	8th		Restaur	ant Owner			
	17. FATHER'S NAME (First, Middle, Last)	h . 1 .			AME (First, Middle, Melden		
BE	Louis Scl	hultz				a Payne	
2	Jack Schult	- -		RESS (Street and Number or Rural			
	20a. METHOD OF DISPOSITION		.PLACE AND DATE OF DIS	Wilson Poi			
	1 Burial 2 Cremation 3 Ram	ioval from State	netery, crematory or other pi	toryInc. 10	/24/00 Da	CATION — City or To	own, State
	21 SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	crocrema	22. NAME AND ADDRESS OF F		TETMOT	e Mu.
	(Smelly Fo	unual /	lome	Connelly F	uneralHom	e300MA	ceAve.2122
	23. PART I. Enter the diseases, pr	complications that caused List only one cause on e	d the death. Do not e	nter the mode of dying, suc	ch as cardiac or respi	ratory arrest,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	· Me	CONSEDUENCE OF	sostatu	carcin	cre	Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A	CONSEDUENCE OF):				
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
MEDICAL O	PART II. Other significant condition	s contributing to death b	out not resulting in the	underlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:							
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	28. PLACE OF DEATH (C)	heck only one)		
YSI	1 TYES 2 NO	1 Inpetient 2 ER/Outp	patient 3 DOA 4 D	Nursing Home 5 - Residence	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IN	UURY OCCURED	
8	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJURY building, etc. (Spec	— At home, farm, street,	factory, office	281. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
COMPLET				he time, date and place, and due my opinion, death occured at the			s) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE DF CERTIFIES	Melin,	la .	29c. LICENSE NU	8598	P 10/8	(Month, Day, Year)
-	Dr. Milner		ATH (ITEM 27) (Type, Print) Iedical C				
	31. DATE FILED (MONTH, Day, Year) OCT 2 7 1992	32. REGISTRAR'S SIGN	ATURE				



32. REGISTRAR'S SIGNATURE Julia Davidson Rando 10

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	ufficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should e State Dept. of Health and Mental Hygiene prior to buntal, cremation, or removal.	ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HIGHTH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	porter EUNEAUL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu the field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

OCT 27 1992

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) Stern 3. TIME OF DEATH STERN YEAR (AKA) Sean WARRER Shawn 10 19 1992 Stearn 10:44 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) 217-33-4520 DAYS HOURS 1X M 2 1 F YRS 08/21/1991 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Johns Hopkins Hospital Baltimore City 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY MD. Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4711 Elison Street 2 2 2 0 6

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

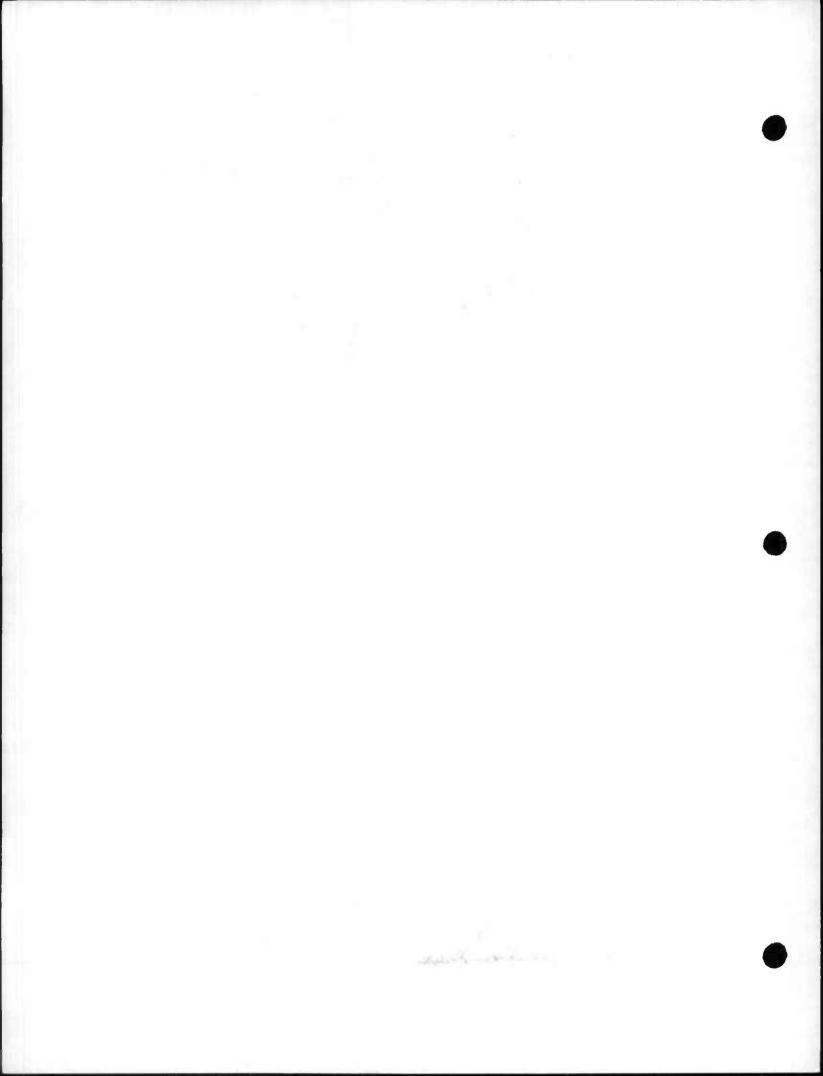
1 YES 2 NO Specify: 1 Never Married 2 Merried BY Specify. 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Sharrona Johnson BE Robert Warren Stern Sr 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Sharrona Johnson 4711 Elison Ave, Balto, MD. 21206 20s. METHOD OF DISPOSITION

| □ Buriel 2 □ Cremation 3 □ Removal from State
4 □ Donation 6 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Arbutus Mem. Pk. 10/26 Balto, CO., MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph L. Russ Funeral Home 2222 W. North Ave Balto, CUSS MD. 21216 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Finel Onset and Death** disease or condition . CARBON HONOXIDE THIOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEDUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TY YES 2 | NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: TYES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВУ 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) Victim of House Fire:

281. LOCATION (Street and Number or Rural Route Number,
City or Town, State) 2 Accident
3 Suicide COMPLETED 6 Could not be 4 Homicide Riddle Street 29a. CERTIFIER (Check only one)

CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 😡 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated, 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE Morrise method 10/20/1992 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A. KOREW 111 Penn Street, Baltimore, Maryland MARYSON 21201

DHMH-16 Rev 1/89



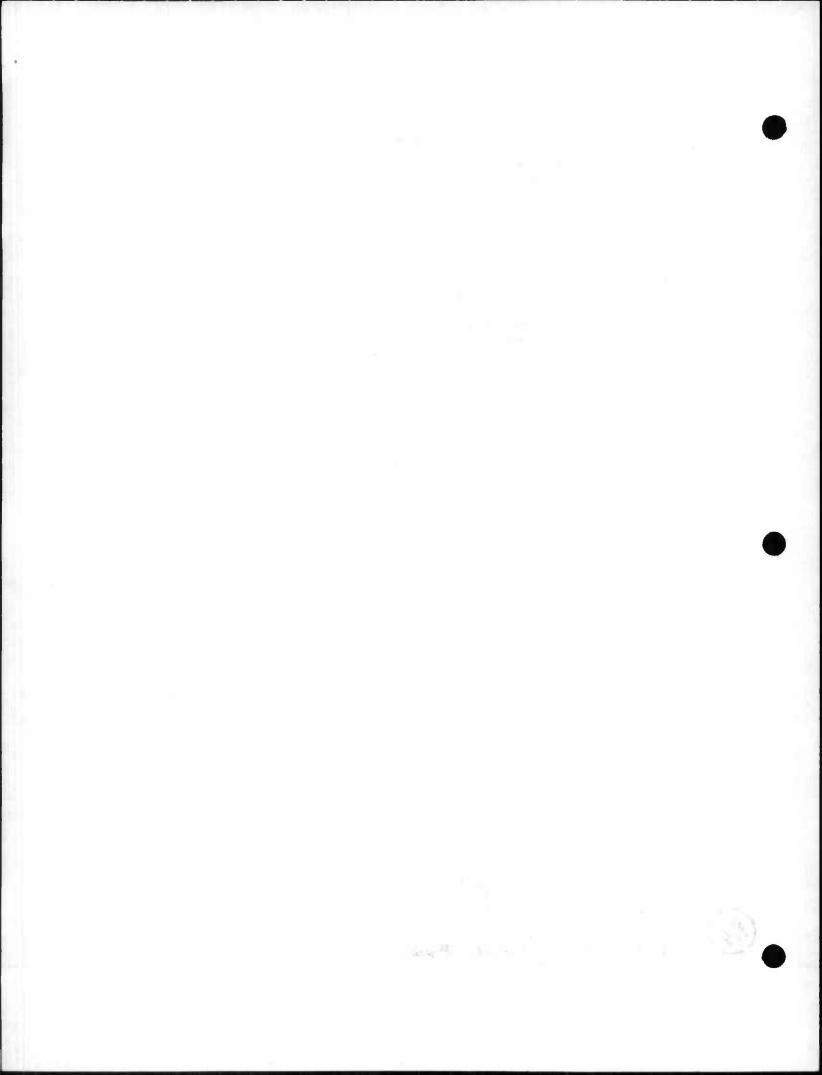
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

92-6003-510

1	1 - STATE REGISTRAR			ERIIF	ICALE	OF DEA			REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		Ste			1		2. DATE	OF DEATH		YEAR	3. TIME OF DEATH	
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-1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	YEAR IF UNDE	R 24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign	
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٥	Johns Hopkins	Hospit	al		Baltimore								
DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN O	R LOCATION						10d. INSIDE CITY	
붑	MD			Baltimore								LIMITS?	
FUNERAL	10e. STREET AND NUMBER					10f. ZIP COO	Œ			10g, CIT	IZEN OF W	HAT COUNTRY?	
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	11. MARITAL STATUS 1 X Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 50		H	WAS DECENDENT yes, specify Cub YES 2' NO	en, Mexica	n, Puerto		or No—		— American Indian, , White, etc.	
à	3 Widowed 4 Divorced											Black	
	15. DECEDENT'S EDU (Specify only highest grade		(G	ECEDENT'S	work done di	CUPATION uring most of work	ing	168	L KINO OF BUS	SINESS/INC	DUSTRY		
ا ب	Elementary/Secondary (0-12)	College (1-4 or 5	+)	n. Do NOT us	io retired.)								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				-	40.440	FMED'O MA	ME (5)-1	Middle, Maiden	0			
3	Robert Warre	n Stern	,Sr.			16. 180			na Jol		n		
4	19a. INFORMANT'S NAME (Type/Print)	<u> </u>		b. MAJLINO	ADDRESS	(Street and Numbe							
2	Sharrona Joh	nson		471	1 E1	ison A	Ave		Balto			L206	
	20s. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOSI	TION (Name of		DAT	E 20c. LO	CATION —	City or To	wn, State	
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ı	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE)		22. NAME AND ADDRESS OF FACILITY Joseph L. Russ Funeral Hom								
	* pooch	d. Ki	111/		122	seph 1 22 W.	Nor	uss th	Fune:	cal	Home alto	e, MD. 212	
	23. PART I. Enter the diseases, or	complications tha	t caused the de	eath. Do r								Approximate	
	shock, of heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Zin day and call	ise on each line	10		A	0					Onset and Death	
ı	resulting in death)	DUE TO	(OR AS A CONSE	DUENCE OF		and	Bu	M	Dy	mie	3		
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detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 2 funeral director, page 5 should BOX 68760, RECORDS, P.O.

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31. DATE FILED (Month, Day, Year)
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the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within signed by the State Dept. 1 certificate h this co After DIRECTOR: An hours after deal tem 28 is n

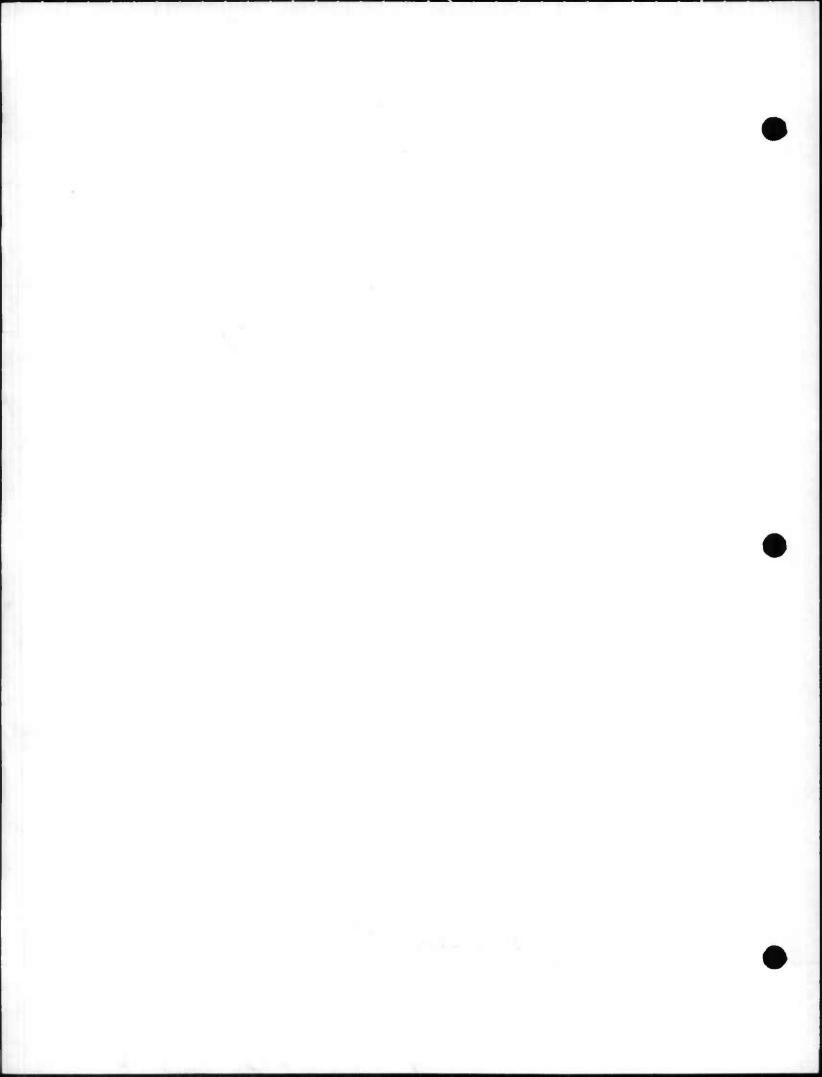
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Charles Staines Albert 10 992 11:50 A.M 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign Country) S. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 05-07-1918 IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🖳 M 2 🗆 F DAYS HOURS 218-07-0775 Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 NO 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4001 Annapolis Road 21227 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black. White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pt 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
172km kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 7th Truck Driver Luckett Trucking 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Christian Staines Margaretta Fishpaw BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code) 21228 815 Winters Lane, Apt. 407 Catonsville, 2 Esther V. Smith 20a. METHOD OF DISPOSITION
1 □ Burlal 2 ※ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Metro Crematory, Inc. 4 ☐ Donation 5 ☐ Other (Specify) 10-29 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1 22. NAME AND ADDRESS OF FACILITY
MacNabb Funeral Home, P.A. 21228 George E. MacNabb 301 Frederick Rd., Catonsville, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition PULLIONARY TORONBOUSH COMPLICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PNURIS TO LEFT LOWENEY, TRE MINY OUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 DES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: YES 2 NO 1 Inpatient 2 ER/Outpatient 3 I DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED
Passenger in Truck/Auto
Impact 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural
2 Accident 5 Pending Investigation 10/09/1992 9:11A 1 YES 2 NO В 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined BE COMPLETED 4 Homicide Route 10 near Route 270 Highway 29s. CERTIFIER (Check only one)

One)

**This proper is a state of the course of the c 2 💢 MEDICAL EXAMINER: On the basis of examination snd/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) mayhul Mulivie O.C.M.E. 10/24/1992 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D. KOREWAM HARGO RIOD Penn Street, Baltimore, Maryland 21201 July Devices Parties

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POSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	WINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	HTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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92 29904 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) JOSEPH HARRY SERIO 2. DATE OF DEATH 10/24/92 WEAR 3. TIME OF DEATH Joseph Serio H. 9:00 P 10 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 218-18-0958 1 XM 2 - F NOV. 3,1920 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR JENKINS MEMORIAL HOME BALTIMORE RESIDENCE OF DECEDENT 10e, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CATONSVILLE 1 TES XX NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6112 WHEATLAND ROAD 21228 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marri FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES BY 1 TYES ZXX NO Specify: Specify: 3 Widowed 4 Divorced WHITE BE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRO (Specify only highest grade compl (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) OWNER-SELF EMPLOYED PRODUCE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SAMUEL SERIO ANTIONETTE GLORIOSO 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARIE SERIO (WIFE) 6112 WHEATLAND ROAD, CATONSVILLE, MD. 21228 20s. METHOD OF DISPOSITION
1A Durisi 2 Cremation 3 Rer
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of CATHEDRAL CEMETERY 10/28/92 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 es, or comple tions that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Possible depsis resulting in death) DUE TO (DR AS A CONSEQUENCE OF): Alzheimeris End Stage PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? Athero sclerotii Condis vasular 1 TES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Suffering Home 5 Residence 8 Other (Specify) 1 YES 2 MD 1 - Inpatient 2 - ER/Outpatient 3 - DOA 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28e, PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

(Chank only)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the be occured at the time, data and place, and due to the cause(s) and manner as stated 296. SIGNATURE AND TITLE OF CENTIPIE 29d. DATE SIGNED (Month, BE al

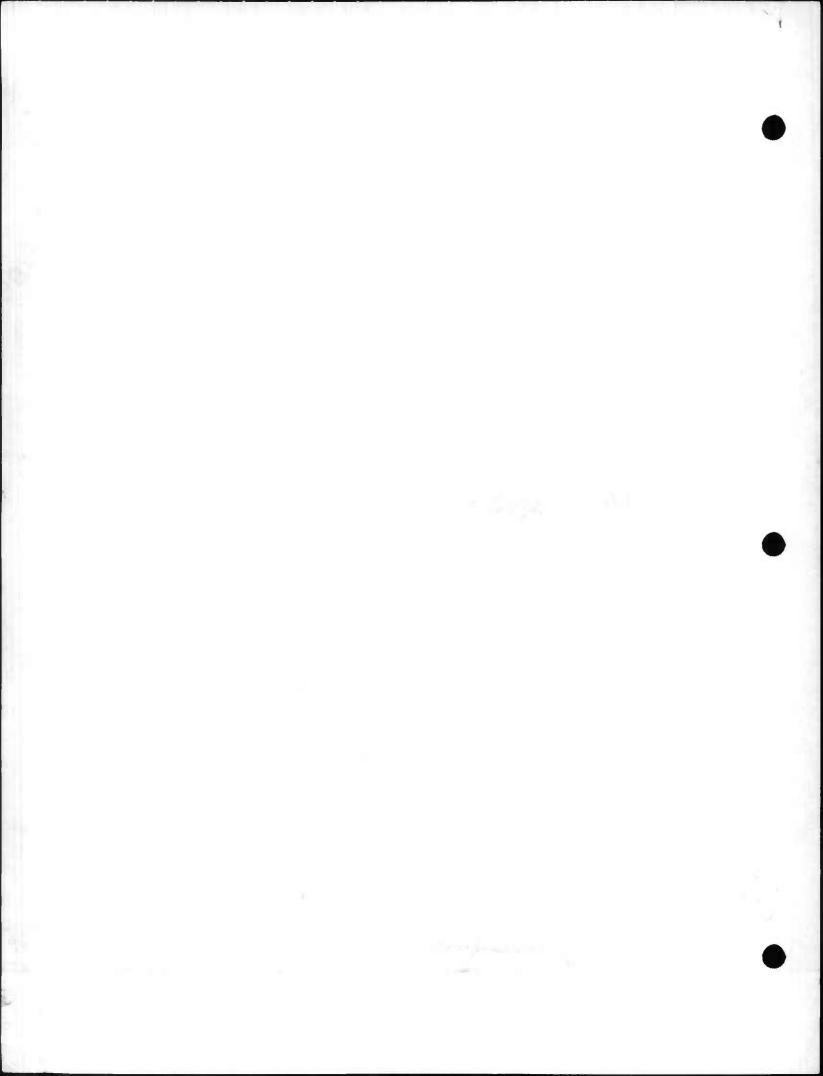
D34951 10/25 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1 kscm/C 413 Com DEVISION - ACTION DHMH-18 Rev 1/89

7 1992

30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)

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IN A LENDING PHENCHAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	INRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

23 shows any injury, or other traumatic event, the medical

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31. DATE FILED (Month, Day, Year) 27 1992

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92 29905 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Siegel aire 5.25 PM 20 10 8. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 064 18 0902 (Month, Day, Year) 11/03/1922 1 - M 2 X F 6 HOURS New York 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel General Hospital Annapolis Anne Arundel 10c. CITY, TOWN OR LOCATION 10a STATE 105 COUNTY 10d. INSIDE CITY Maryland Anne Arundel Annapolis 1 TYES 2 X NO FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Scenic Hills Way 21401 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 TYES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3. Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) Abraham Goodman Ida Shenkman BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) 2 Delford Ave Silver Spring Maryland 20904 Alan Siegel 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Metropolitan Crematory 10/22 Alexandria Virginia 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral 472 North Washington St. Falls Church 23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final panreatic cancer **Onset and Death** disease or condition 8M05 resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA e 5 - Residence 5 - Other (Specify) 4 🗆 Nu 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 200. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 4. Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29s. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day,

29c. LICENSE NUMBER

Bestgate Suite 300

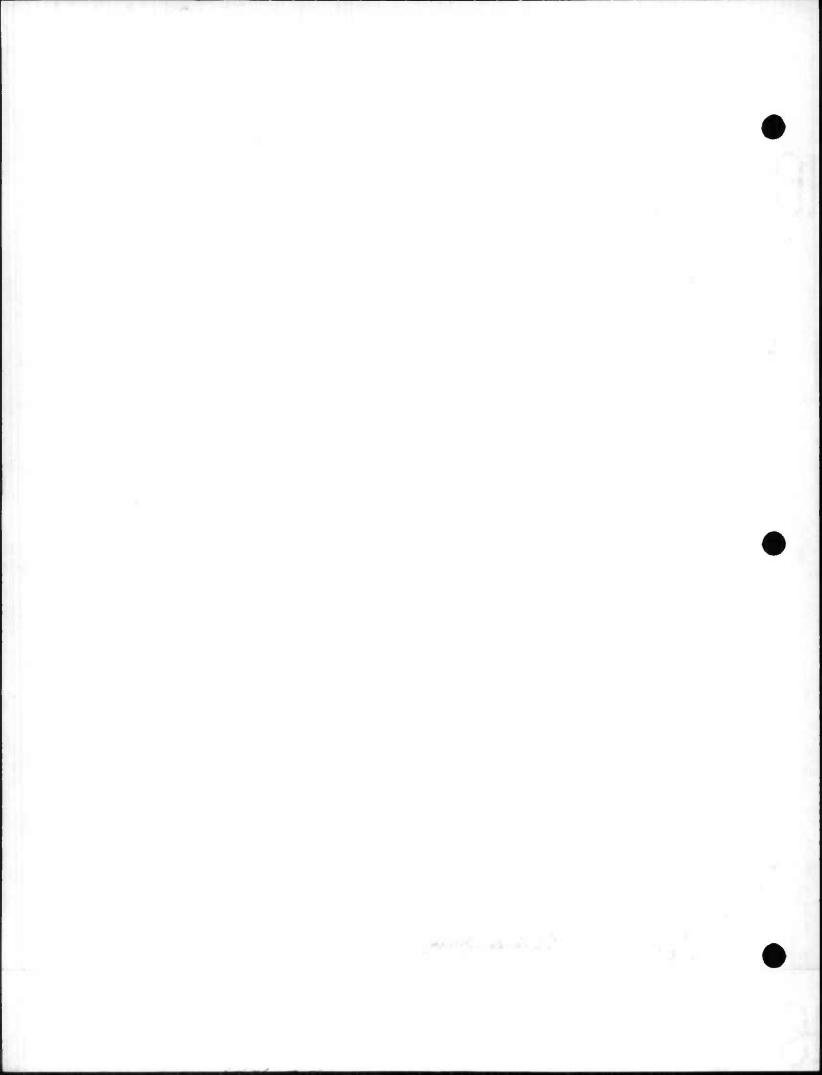
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Annapoles uld.

Sclonich, m.o. 900 Luia Dandon-Handale

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Deloully u.O.



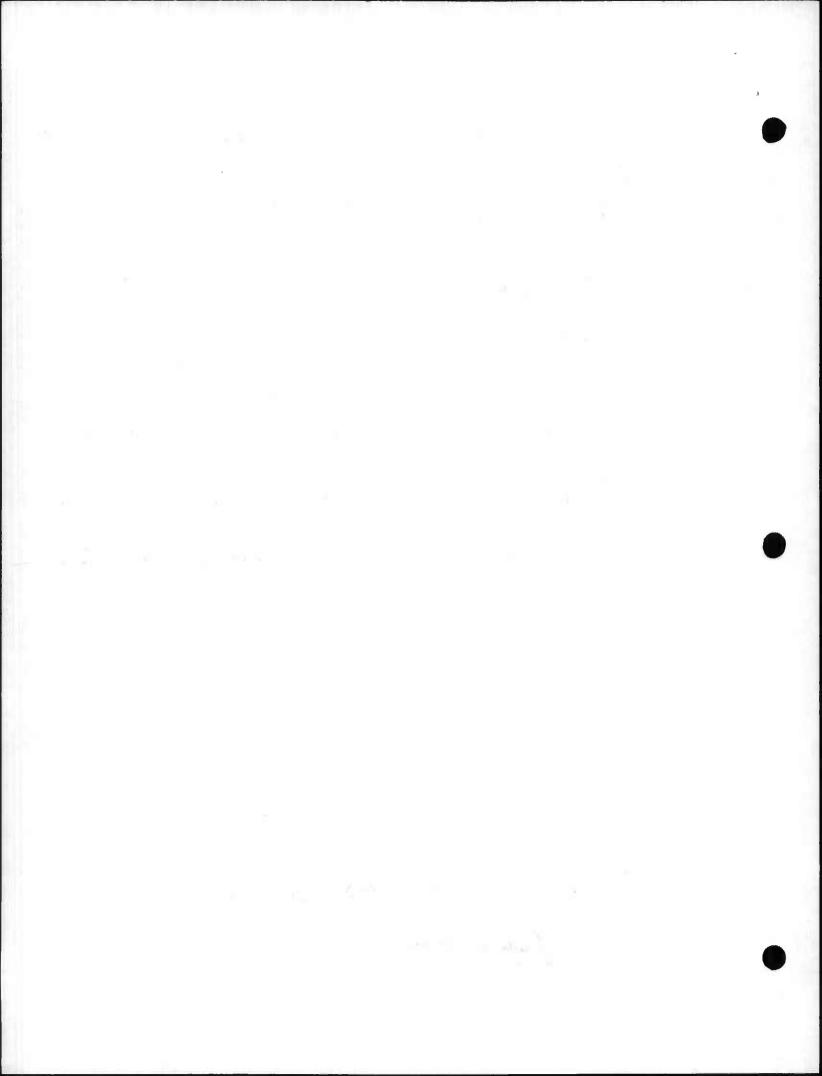
020	physician.	burial-transit permit, Pages 1, 2, 3 should		
SALIMONE, MARILAND ZIZIS-0020	4YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Places 1, 2, 3 should		nust be notified at once.
Solou, BALLIM	executed within 24 hours after death. Page	and completely filled in by the funeral dire	to burial, cremation, or removal.	d, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL NECONDS, F.O. BOY	e law requires that the death certificate be	has been signed by the attending physiciar	Dept. of Health and Mental Hygiene prior	1 23 shows any injury, or other trau
ALLA TO NOISINIO	HOSPITAL OR ATTENDING PHYSICIAN: The	UNERAL DIRECTOR AND THE Certificate I	rithin 72 hours after dead with the State	ANT: If Item 28 is marked, or Item
	TO THE	TO THE	be filed	IMPOR

	FOR 1 - STATE REGISTRAR	STATE OF N	IARYLA				HEALTH AND	MENT		E	Care 1	2.5500
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES	FRANKI	IN		OLO		OF DEATH	2. DAT MOR OCT		AY	YEAR 992	3. TIME OF DEATH
	4. SOCIAL SECURITY HUMBER 218-07-4525	5. SEX 1 XM 2 F	6. AGE (A	in yrs. lest bi	irthday) YRS.	IF UNDER 1 YE		M. (Month, Dey, Year) Co. AUG. 2, 1914 MA				HPLACE (State or Foreign rry) RYLAND
TOR	9a. FACILITY NAME (If not institution, give s 8657 VETERANS HI						UN OR LOCATION OF D	EATH			NTY OF C	ARUNDEL
DIRECTOR		E ARUNDE	ն		10c. CITY, TOWN OR LOCATION MILLERSVILLE						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	8657 VETERANS HIGHWAY						101. ZIP CODE 21108			U	.s.	
BY	11. MARITAL STATUS 1				ED.	If yes	DECENDENT OF HISPA , specify Cuben, Mexico YES 2 X NO Specif	en, Puert	GIN? (Specify Yer o Ricen, etc.)	or No	14. RACI Blac Spec	E — American Indian, it, White, etc. //y: WHITE
LETED	(Specify only highest grade completed) [Secify only highest grade completed) [Ga. Dec. (Gw. (Gw. (Gw. (Gw. (Gw. (Gw. (Gw. (Gw				kind of v	e retired.)	ATION most of working		EGIONAI			ZNITT
E COMPL	9 17. FATHER'S NAME (First, Middle, Lest) JOSEPH SOLOMO	NONE N		-	11.4 T		16. MOTHER'S NA				GEME	5141
TO B	190. INFORMANT'S NAME (Type/Print) A. GENEVIEVE SOL	OMON		19b. \$			ESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) /ETERANS HIGHWAY MILLERSVILLE, MD. 21108					
	20a. METHOD OF DISPOSITION \$\frac{1}{2}\text{Burtal 2 } \text{ Cremation 3 } \text{ Removal from State} 4 \text{ Donation 5 } \text{ Other (Specify)} 11. BIGNATURE OF FUNENAL SERVICE DICENSES				tory or of	her place) N MEMO	RIAL PARK	10		EN BU		own, State C, MD.
	· Lettin	lles				1 S		NUE,	S.W.,	GLEN	BUF	RAL HOME RNIE,MD.2106
	PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one ceu	se on ea	ich line.			mode of dying, suc					Approximate interval Between Onset and Death
Z	resulting in death)	DUE TO	OR AS A	CONSEQUE	ENCE OF	7: 100	- H 0-0(Z		x ca	Ce	<u> </u>	of year
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	n.		CONSEQUE								
CERTI	resulting in death) LAST	d					-	-				f
EDICAL	PART ii. Other significant condition	a contributing to		Jt not res	uiting i	n the underl	ying cause given in	Part I.	24a. WAS AN PERFOR	RMED?	246	D. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL					20	S. PLACE OF DEATH (Ch	neck only	one)			1 () YES 2 () NO
SIC	EXAMIHER? 1 TYES 2 NO	HOSPITAL:	ER/Outpa	ntient 3 🗆	DOA	OTHER:	Home 5 - Residence	6 🗆 Ot	her (Specify)			
BY PH	27. MANNER OF DEATH 1	28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? WORK? 28d. DESCRIBE HOW INJURY OCCURED										
۵	3 Suicide 8 Could not be determined	28s. PLACE Of building,	INJURY -	— At home	, farm, e	treet, factory, o	office		CATION (Street it ty or Town, State)		or Rural i	Route Number,
COMPLETE							date and place, and due in, death occured at the					a) and manner as stated,
										29d, DAT	E SIGNED	2692

Julie Devidon- Montelle

31. DATE FILED (Month, Day, Year)

OCT 2 7 1992



4. SOCIAL 194-1 THE REPORT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 four above that the finance can be retained by the hospital or attending physician.

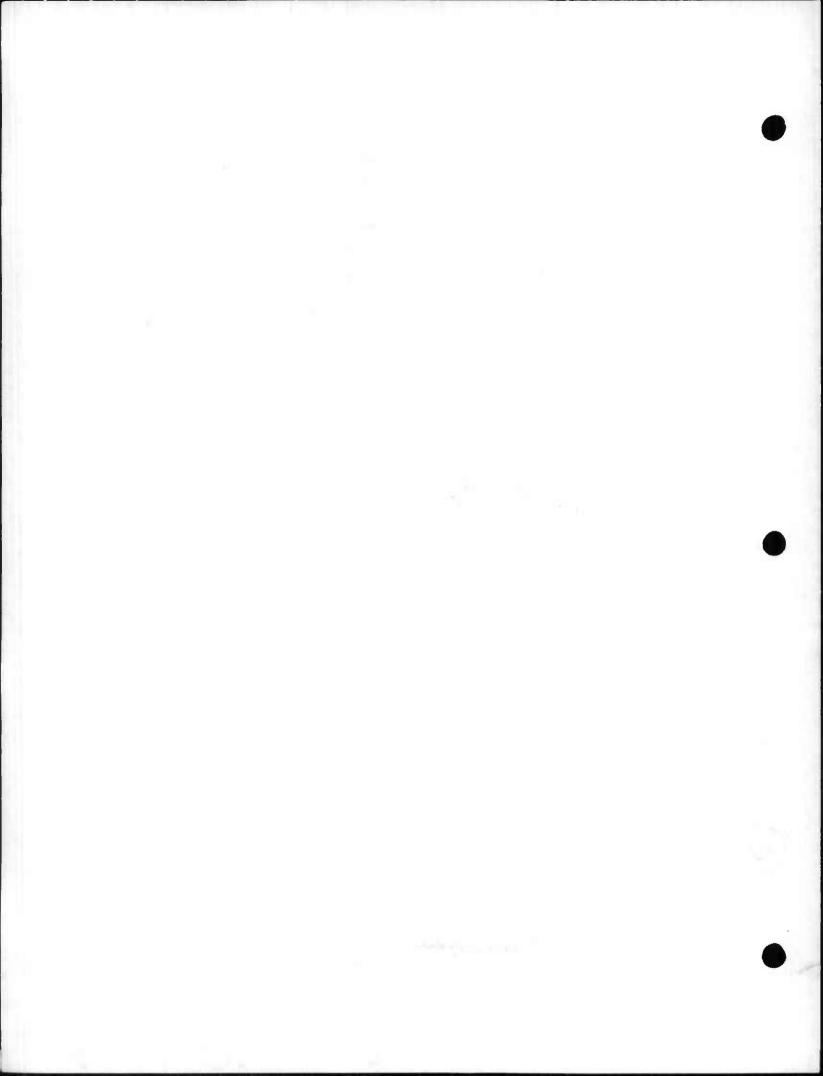
The result of the configuration has been signed by the attending physician and completely filled in by the function can be seen 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or amount attended to be seen the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be seen that the state of the second burial transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use 2, 3 should be detached for use 3 should be detached by the state of the pages 1, 2, 3 should be detached for use 3 should be detached by the state burial-transit be a should be detached for use 3 should be detached by the state burial-transit because 3 should be detached by the state burial-transit because 3 should be detached by the state burial-transit because 3 should be detached by the state and a should be detached by the state and a should be detached by the state and a should be detached by the state and a should be detached by the state and a should be detached by the state and a should be detached by the state and a should be detached by the state and a shoul 9a. FACILI TO BE COMPLETED BY FUNERAL DIRECTOR Wash RESIDE 10a. STATE 10e. STREE 5735 11. MARITA BALTIMORE, MARYLAND 21215-0020 1 Neve 3 Wide Elemen 17. FATHER Cloyd 19e. INFOF Karen 20s. METH 1 D Burta 4 Done IMMEDIA disease DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequenticif any, les cause. Er CAUSE (C that initial resulting PART II. RRC 25. WAS CA EXAMI t 🗌 Y 27. MANNE 7. MANNE
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
1. DECEDENT'S NAME (First, Middle, Last)	2/				2. DATE OF DEA		YEAR 3. TIME OF	DEATH			
Mabel E		оемаКе			October 1	9, 1992	11:55	р, м			
4. SOCIAL SECURITY NUMBER 194-16-2561	1 🗆 M 2 🔀 F	77 YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, No January 5	iar)	8. BIRTHPLACE (State Country) PA	or Foreign			
9a. FACILITY NAME (If not institution, give s				R LOCATION OF DE		9c. COU	NTY OF DEATH				
Washington County Ho	spital		lagersto	wn, Z aryla	ind	Wasi	hington				
PA Frank			wn or Locati teville	ON			10d, INSIDI LIMITS 1 YES	37			
10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITI	ZEN OF WHAT COUNT	PY-			
5735 Lincoln Way East				17222		US	SA				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	If yes, spe	ENDENT OF HISPAN city Cuben, Mexica 2 NO Specify	n, Puerto Rican, et	fy Yea or No— c.)	14. RACE — America Black, White, etc. Specify: Whit				
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USUA (Give kind of work of	AL OCCUPATIO	N t of working	16b. KIND O	F BUSINESS/INC	DUSTRY	_			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use reti	red.)	i or working							
12		District Mac	istrate		Gover						
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, M	elden Surname)					
Cloyde M. Eller 19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street or	Blanche Id Number or Flural F	Crowell	or Fraum Chain 7in	Code				
Karen L. Shoemaker		1		East, Fay							
20s. METHOD OF DISPOSITION		PLACE AND DATE OF DI	SPOSITION (Nav				City or Town, State				
1 Donation 5 Other (Specify)	70.00	ncoln Cemeter			10/23	Chamberst	ourg. PA.				
21. SIGNATURE OF FUNERAR SERVICE LA	ZHARK Z		22. NAME AN Park-G	eisel Fune	ral Home,	Inc.					
23 PART'S Enter the diseases, Dr	complications that cause	d the death. Do not e	nter the mod	SEcond St le of dying, such	h as cardiac or	respiratory an	rest, Appr	oximata			
IMMEDIATE CAUSE (Final	a. ACUTE RIDUE TO (OR AS A		RY F	QU URF			1.0000000000000000000000000000000000000	val Between ot and Death			
	DUE TO (OR AS	CONSEQUENCE OF):		1100100			/0	MIN			
Sequentially list conditions, if any, leading to immediate	b. CHROME E	BSTRUCTI	VE PL	ILMONA	RY AW	48	FARS				
CAUSE (Disease or Injury that Initiated events	CONGESTIVE DUE TO (OR AS						24 HRS.				
resulting in death) LAST	. PROBABLE	PROBABLE SEPTIC SHOCK									
PART II. Other algnificant condition					Part I 24a W	AS AN AUTOPSY	24b. WERE AUTO	DEV EMPINOS			
	INTRAVASCU		GULAT	TON	PE	RIFORMED?	MAILABLE I COMPLETIO OF DEATH?	PRIOR TO			
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25. WAS CASE REFERRED TO MEDICAL	WITH WITH	OSSEOUS	26. PL	ACE OF DEATH (Ch	ack only one)						
EXAMINER?	HOSPITAL:		HER: Nursing Home	5 - Residence	6 Other (Specify	')					
27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU		20d. DESCRIBE I	IOW INJURY OC	CURED				
1 Netural 5 Pending 2 Accident Investigation			M 1 🗆 Y								
3 Suicide 6 Could not be determined	28e, PLACE OF INJURY building, etc. (Spe	/ — At home, farm, street. clly)	, factory, office		28f. LOCATION (S City or Town,	treet end Number State)	or Rural Route Number				
	ICIAN: To the best of my know							r es stated.			
294 SIGNATURE AND TITLE OF CERTIFIER	dprd, in)		29c. LICENSE NUN	BER	29d. DAT	E SIGNED (Month, Day,	Ybar)			
30. NAME AND ADDRESS OF PERSON WH PAYELA FOX BRAZ	FORD MD	1779 HOV		D HA	6ELSTON	W, M)	21740				
31. DATE FILED (Month, Day, Year) OCT 27 1992	32. REGISTRAR'S SIGN										
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INVISION OF VITAL RECORDS, P.O. B	in the little of the law requires that the death certification	The Parket

	_	REGISTRAR CRAIG L. S	ELLMAN	CERTIFICA	TE OF	DEATH	RE	G. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)		Sellma			2. DATE OF DE MONTH	DAY	YEAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5. S. S. S. S. S. S. S. S. S. S. S. S. S.	EX 6. AGE (In		IDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,	TH.		ACE (State or Foreign
pluods		Sa. FACILITY NAME (If not institution, give street as	nd number)	96. (HTY, TOWN C	OR LOCATION OF DE			TY OF DEAT	rH .
1, 2, 3	CTOR	UNIVERISTY OF MAI	RYLAND MEDI	CAL CENTE	R	BALTO.				
Pages	DIRE	MARYLAND 10b. COUNTY		BALTII		TION				d. INSIDE CITY LIMITS?
nsit permit.	ERAL	100. STREET AND NUMBER 2224 WARWICK AVE.				. ZIP CODE 21216		US.	EN OF WHA	AT COUNTRY?
215-0020 attending physician. se as the burial-transit	BY FUNER	1 Never Married 2 Married	MAS DECEOENT EVER IN S FORCES? 1 1 YES FYES, GIVE WAR OR DAT	S 2 NO If yes, specify Cuban, Mexican			n, Puerto Rican,	ofic.)	Specify:	American Indian, White, atc.
1	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade compli		16a. DECEDENT'S USUA (Give kind of work di life. Do NOT use retin	ne durina moi	ON st of working	16b. KIND	OF BUSINESS/INDI	AFR.AI	MER,
S git N			College (1-4 or 5+)							
at on at	BE CO	17. FATHER'S NAME (First, Middle, Leet) WALTER SEI	LLMAN			10. MOTHER'S NAI ERNE	ME (First, Middle, STINE S			
MA retain 5 sho	5	19a. INFORMANT'S NAME (Type/Print) ERNESTINE SELLMAN	1	196. MAILING ADDR 2224 WAI	BROOK	nd Number or Rural F	ral Route Mumber, City or Town, State, Zip Code) ALTIMORE . MARYLAND 21216			
6 may 200r. pa		20a_METHOD OF DISPOSITION Lambda Burlel 2 Cremation 3 Removal fr 4 Donation 5 Other (Specify)	20b.F cemet	PLACE AND DATE OF DIS tery, crematory or other pla Zion Ceme	ice)			PAT TETA		
ALTIM death. Page tuneral direct. t. examiner n	Ŷ	21. BIGHATURE OF FUNCIONAL SERVICE LICENSES			22. NAMÉ AN	BROTHER	CILITY	BALTIMON		ARYLAND
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y filled in the red		23. PART Enter the discuss, or compishook, or hear failure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on esc	the death. Do not er	ter the mo	de of dying, such	n as cardiac o	r reapiratory sm	ent,	Approximata Interval Between Onset and Death
executed within and completely o burial, cremati natic event, t	_		DUE TO (OR AS A	CONSEQUENCE OF):						
S o clar	CATIO	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING								
h certificate anding physical Hygiene pri or other to	CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):						
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T and the A	EDICAL	AIDS, intrave		1	sus			MAS AN AUTOPSY PERFORMED? YES 2 NO	CO	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
at of the	Σ	end stage	renel (distan			-		1 (YES 2 NO
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S (3)	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif)	At home, ferm, street,	factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	COMPLE	200. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On								nd manner as stated
THE FILE FILE FILE FORTANT:		286. SIGNATURE AND TITLE OF CERTIFIER			, opinion, or	29c, LICENSE NUM		-		orith, Day, Year)
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	,	31. DATE FILED (Morith, Day, Year)	32. BEGISTRAR'S SIGNAT	PARE						



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after-death with the State Debt, of Heath and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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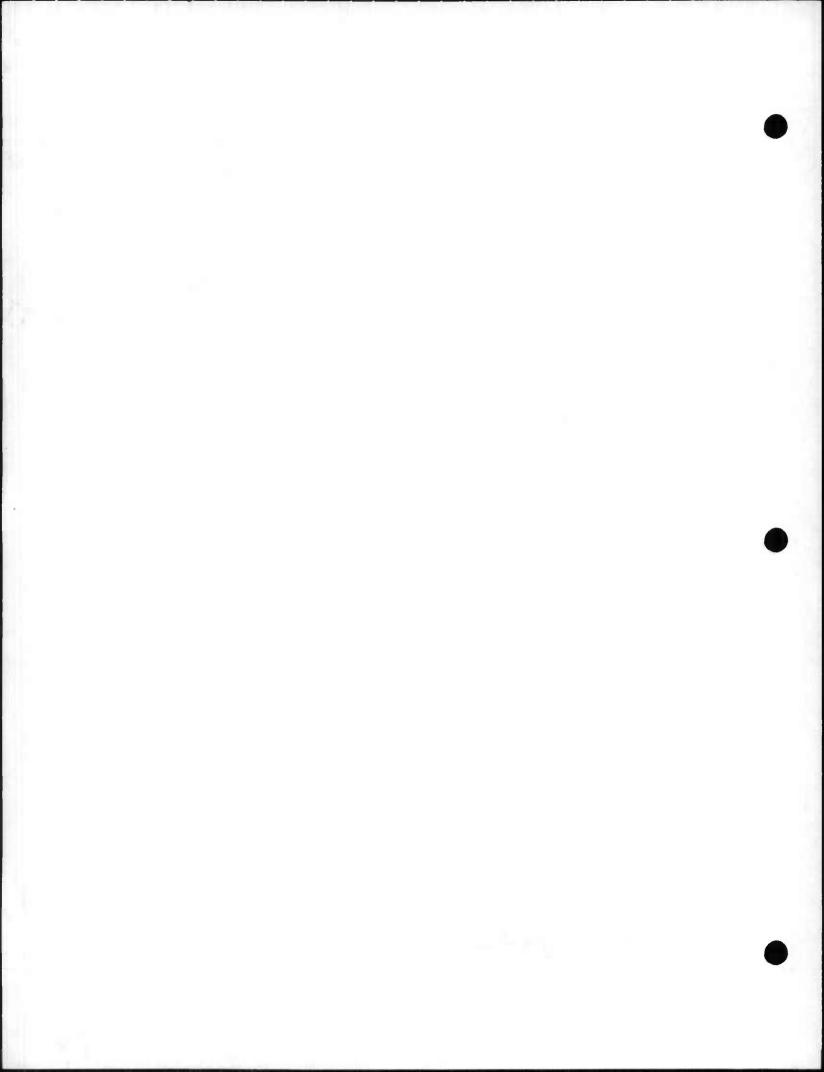
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	FOR 1 - STATE REGISTRAR	STATE OF M				OF HEALTH			YGIENE EG. NO.	-	
1	1. DECEDENT'S NAME (First, Middle, Last)	EDNA	G.	TII	LETT	r		2. DATE OF D MONTH	EATH DAY		3. TIME OF DEATH 1:30 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1			7. DATE OF B	IRTH		BIRTHPLACE (State or Foreign
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-	Sa. FACILITY NAME (If not institution, give a				9b. CITY,	TOWN OR LOCATI	ION OF DE				OF DEATH
СТОВ	1300 MANTL	E STRE	ET							BA	LTIMORE
EG	10a. STATE 10b. COUNTY	у	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
DIREC	MARYLAND BA	LTIMORE									LIMITS?
	10e. STREET AND NUMBER				_	101. ZIP COO	E		10	Da. CITIZEI	OF WHAT COUNTRY?
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FUNI	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	IMED	13, W	AS DECEMBENT (OF HISPAN	IC ORIGIN? (Sp	ecify Yes or	No- 14	. RACE — American Indian, Black, White, etc.
	1 Never Married 2 Married	AR OR DATES	10	14	yes, specify Cubi	n, Mexicar	n, Puerto Rican	otc.)	1	Black, White, etc. Specify:	
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TED	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	(G	ive kind of a	USUAL OCI	CUPATION uring most of world	ng	16b. KINI	OF BUSINE	SS/INDUS	TRY
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)) life.	CTOR	oo retired.)		•	01	**		PROPITORO
COMPL	8		FA	CIUR	(I v	ORKER			EANI		PRODUCTS
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B	JAK 19a. INFORMANT'S NAME (Type/Print)	E GOV			:			LEN	MILI		
임	CHARLES M. ST	TTT ጥሚ				(Street and Number					
	20s. METHOD OF DISPOSITION 20s DISPOSITION COLOR TO STATE OF THE STATE										
	M. ABurial 2 Cremation 3 Remarks Donation 5 Other (Specify)	oval from State	cemetary, cre	ematory or o	ther place)		_	DATE			
	21. SIGNATURE OF FUNERAL SERVICE LIC		MORE	LAND		L. PARK		0-27	BAL	TIMO	RE, MD, 21234
	R. M. But					HENE	RY	W. JE			SONS 21212
	23. PART I. Enter the diseases, or o shock, or heart failure.	complications that	caused the de	ath. Do r	not enter t	he mode of dy	ing, such	as cardiac	or respirate	ory arrest	
	IMMEDIATE CAUSE (Final	A . /	n X).	>-	01	7				Interval Between
	disease or condition			1 -	- 1/1					Onset and Death	
	resulting in death)	(lesh)	11000	y c	In	mill	cel	may			
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APANAGA M.D., 3007 EAST NORTHERN PKWY., BALTO., MD.

32. REGISTRAN'S SIGNATURE 1992

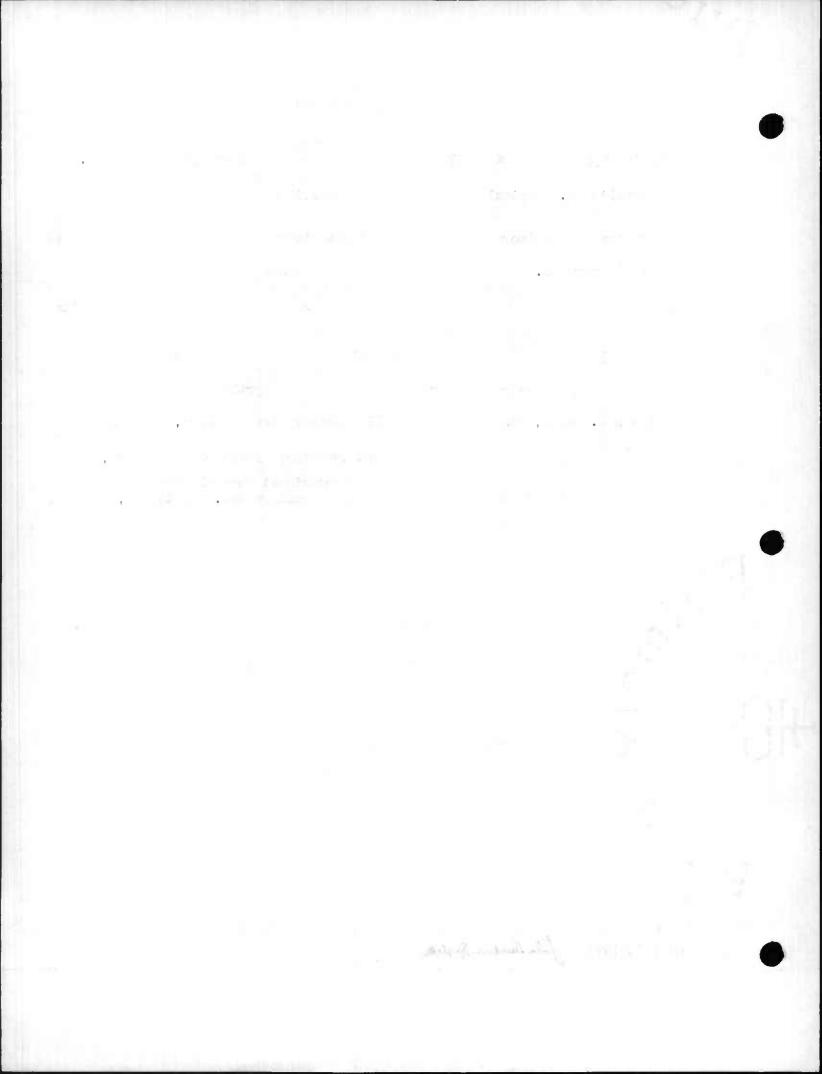
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		4. SOCIAL SECURITY NUMBER 411 05 2435		AGE (In yrs.	lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	0.		ACE (State or Foreign	
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permit. Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c. CITY, TO	OWN OR LOCA	TION					d. INSIDE CITY	
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-15	FUNERAL	1203 Third Ro	1.			21220					10g. CITIZEN OF WHAT COUNTRY? USA		
21215-0020 or attending physician. rr use as the burlal-transit	BY	11. MARITAL STATUS 1 Never Merried 2 Married D: Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO If yet			S DECENDENT OF HISPANIC ORIGIN? (S, es, specify Cuban, Mexican, Puerto Ricar YES 2 X NO Specify:			e or No-	American Indian, Thite, etc. White		
21215 al or attend for use as	TED	15. DECEDENT'S EDU (Specify only highest grade		16a,	DECEDENT'S USU (Give kind of work life. Do NOT use ret	AL OCCUPATION of the done during me	ON ost of working	16b	KIND OF BU	SINESS/INDUS	TRY		
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MAR be retained to 5 should notified	٩	Steven L. Uann:	a, Son		196. MAILING ADI 1563]	Hane	end Number or Rural OVer Pike	Route Numb	perco	vn. State, Zip Co	1115		
ORE, e 6 may be ector, page		20a. METHOD OF DISPOSITION 1	ovel from State		E AND DATE OF D			10/27	4	Baltim			
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		22. NAME AND ADDRESS OF FACELITY Bruzdzinski Funeral Home PA 1407 Eastern Ave. Baltimore.										0.00	
	H	23. PART I. Enter the diseases, or	- //									Approximate	
24 tille Bon, fille		shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on each ii er Fai	ne.							Interval Between Onset and Deat	
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DIVISION OR ATTENDING DIRECTOR: After hours after death ttem 28 is ma	ETED	3 Suicide 6 Could not be datermined	28e. PLACE OF It building, etc.	NJURY — At L (Specify)	home, farm, stree	t, factory, offic	•	28f. LOC. City	ATION (Street or Town, State	and Number or)	Rural Route	Number,	
	121	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL, EXAMINI	ICIAN: To the best of my									d manner en eleled	
THE HOSPITAL TO THE FUNERAL OF RED WITHIN 72 IMPORTANT: II	BE CC	296. SIGNATURE AND TITLE OF CENTIFIE					29c. LICENSE NUI		and proof, or	·		onth, Day, Ybar)	
PPS	TO B	30. NAME AND ADDRESS OF PERSON YOU	W-	OF DEATH O	TOWARD CT O.		Ii/A		_	> /0	1/2:	5/92	
0		Ali Sanaik M.D.	9000 Fran	nklin	Square		, Baltimo	ore,	Maryl	and 2	1237		
		OCT 27 1992	sina Davidson										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR 92 29910

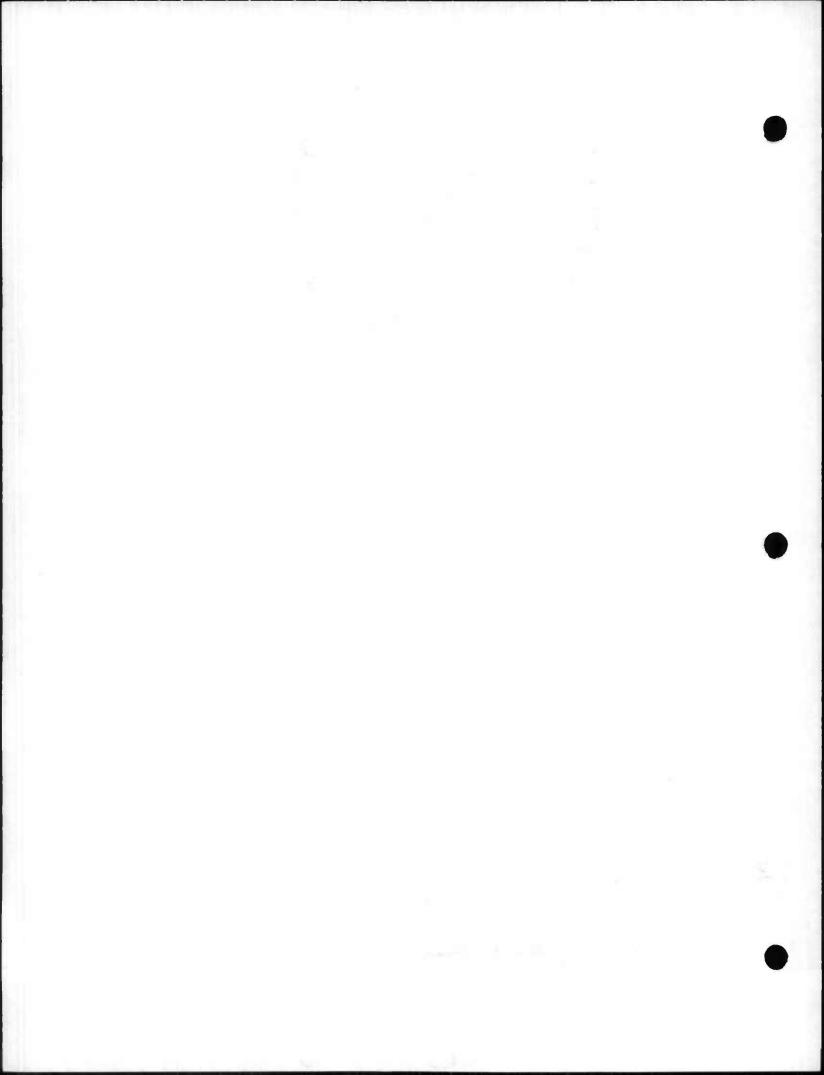


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	SHIPLE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. P	united DIRECTOR: After this certificate has been signed by the attending objection and completely filled in by the funeral
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR LAWRENCE PM 10 WILEY 92 5:00 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, BIRTHPLACE (State or Foreign
Country) DAYS HOURS 1 💭 M 2 🗀 F 216-36-5653 YRS. 51 07-4-41 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 813 N.CHESTER STREET DIRECTOR BALTIMORE CITY page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 none RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland none Baltimore City TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 813 Chester St 2121 United States 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 ND 1 Never Married 2 Married Specify: BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced Afro-American COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 7th Raltimore City Sanitation Dept none 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surn James M. Wiley notified at BE Lizzie Brown 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elloss Jackson 1819 N. Patterson Pk Balto. Md 2 20a. METHOD OF DISPOSITION
XXBurial 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE III NE etery, crematory or Zion director. val from State Cemetery 10-27-92 Baltimore. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Calvin B. Scruggs Funeral Home alexnel 1412 E. Preston St 2121 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Betw 8 Arterioscleratic Cardiovasquiar Disease IMMEDIATE CAUSE (Final Onset and Death cremation, (the disease or condition death with the State Dept. of Health and Mental Hygiene prior to burial, cremar s marked, or Item 23 shows any Injury, or other traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE DF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEQUENCE OF): resulting in death) LAST of Health and Mental PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) the State OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 5/CXResidence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural Accident 5 Pending Investige 1 YES 2 NO 28s. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 99 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be MPORTANT: If Item 28 I 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. (Check only one) nd/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10-22-1992 O.C.M.E. 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE OCT 27 1992 Davidson - Randelle

DHMH-16 Rev 1/89

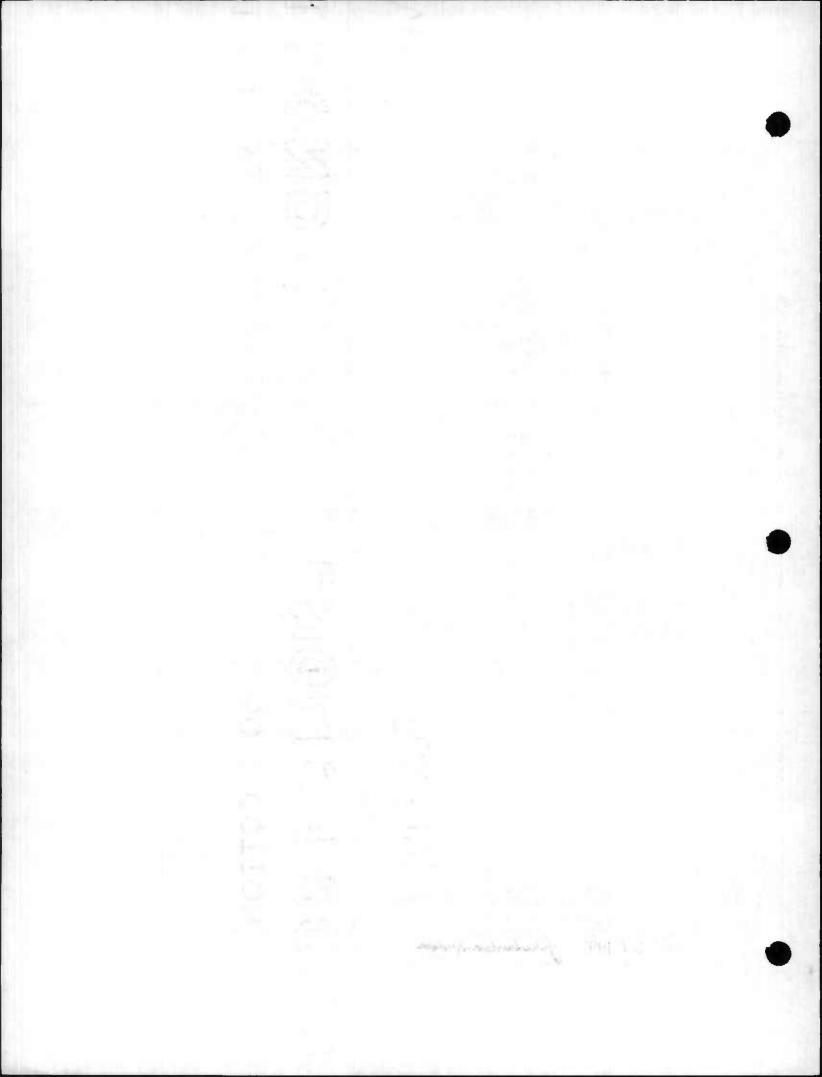


HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate t	In the FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnity with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other tra

1. OECEDENT'S NAME (First, Middle, Last)							27	2. DATE (OF DEATH	DAY	YEAR		OF DEATH
Raymond Joh	n	Wa	1ko						oher		100	6	:36A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER	Y -	IF UNDER		7. DATE C	Dey, Year)		8. BIRT	HPLACE (State or Foreign
199-12-1269	1 💢 M 2 🗆 F	M 2 □ F 67 YRS. M			ONTHS DAYS HOURS MIN.			April	12,	1925	Pennsylvan:		
9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY	Y, TOWN C	R LOCATION	ON OF DE	ATH		9c. CO	UNTY OF	DEATH	
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RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			100 00	Y, TOWN (00 1 0047	2001						T 404 BI	SIDE CITY
	Politimana Politi							LI	MITS?				
100. STREET AND NUMBER	timore			Dalt		ZIP CODI			-	40-10	777511 05	WHAT CO	ES 2 NO
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11. MARITAL STATUS											_	S.	
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15, DECEDENT'S EDUC	ATION		DECEDENT'S	USUAL O	CCUPATIO	ON		16b.	KIND OF B	USINESS/II	NDUSTRY		
(Specify only highest grade of Elementary/Secondary (0-12)	Completed) College (1-4 or 5	+)	(Give kind of Me. Do NOT u	work done se retired.)	during mo	st of worldr	g	Min	chanic	al & 1	Mert	rica1	
12 years	4 yea		signing	Draft	tsman			1		ALL OF I		eeri	m
77. FATHER'S NAME (First, Middle, Last)									fiddle, Malde				
John Walko						ا ا	Juli	e Le	enco	ski			
19a. INFORMANT'S NAME (Type/Print)			19b, MAJLING	ADDRES	S (Street a	nd Number	or Rural	Route Numb	er, City or To	own, State, 2	Zip Code)		
Isabelle M. Wa	1ko		176	1 Wh	ite	Oak	a Av	enue	Ba.	lto.	, MI	21	234
20a. METHOD OF DISPOSITION		20h PL4	CE AND DAT	F OF DISE		(Name		DATE		OCATION -	- City or	Town, Stat	
4 M Surial 2 Commetion 2 Dame	and from Ctota	200.1.27			OSITION	(1101110		DATE					
1 🂢 Burial 2 □ Cremation 3 □ Remo 4 □ Donation 5 □ Other (Specify)	wal from State	_ of cemet	lary, cremator	rest V	place) Vetero	ans Ce	mete	y 10/	27 ON	ings N	Mills,	, MD	
		_ Garri	ary, cremator LSON FO	rest 22.	place) Vetero NAME AN	ens Ce	SS OF FA	ciuty	27 0			, MD	
4 Donation 5 Other (Specify)		_ di cemel	ison Fo	y or other I	place) Vetero NAME AI Johr	ens Ce No ADDRE	ss of fa	ry 10/ cium nera	27 O	me	212	MD 86	
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE B. K	Garri	est	y or other J	Vetera NAME AN Johr 8521	ens Ce no addre n son Lo	Fu Ch	ry 10/ cum nera Rave	27 Om 1 Ho n B1	me vd.	212 Bal	MD 86	
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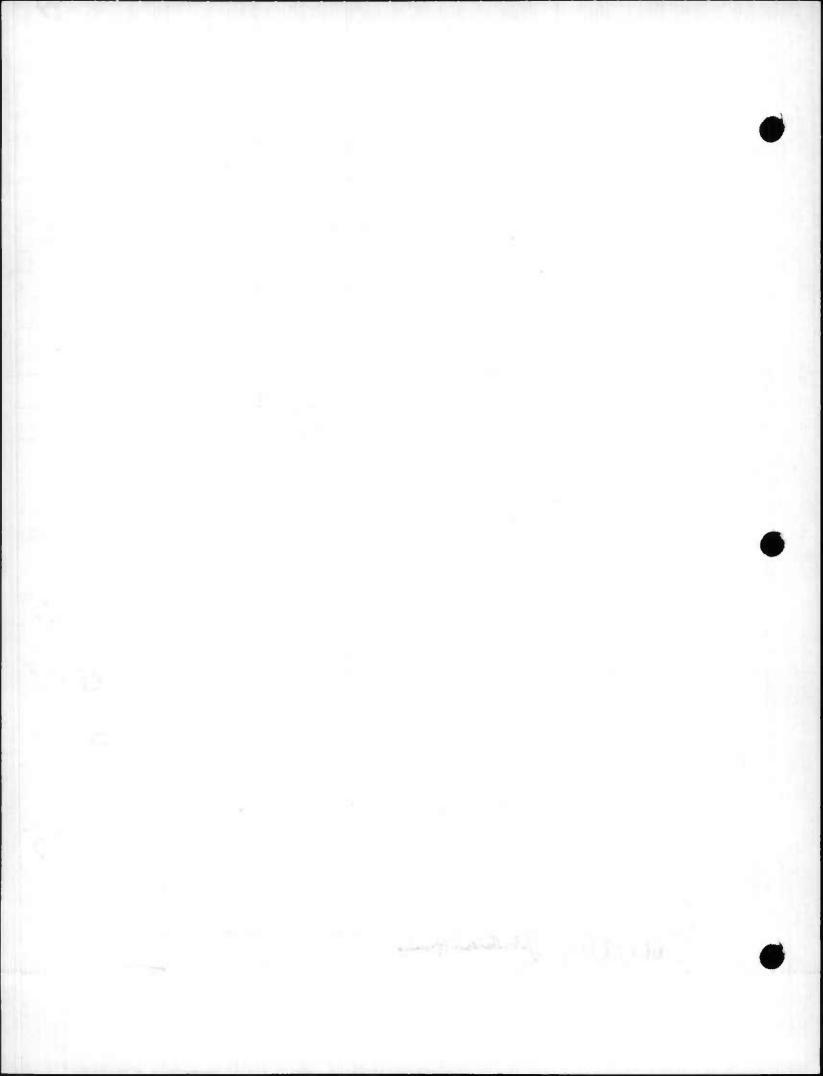
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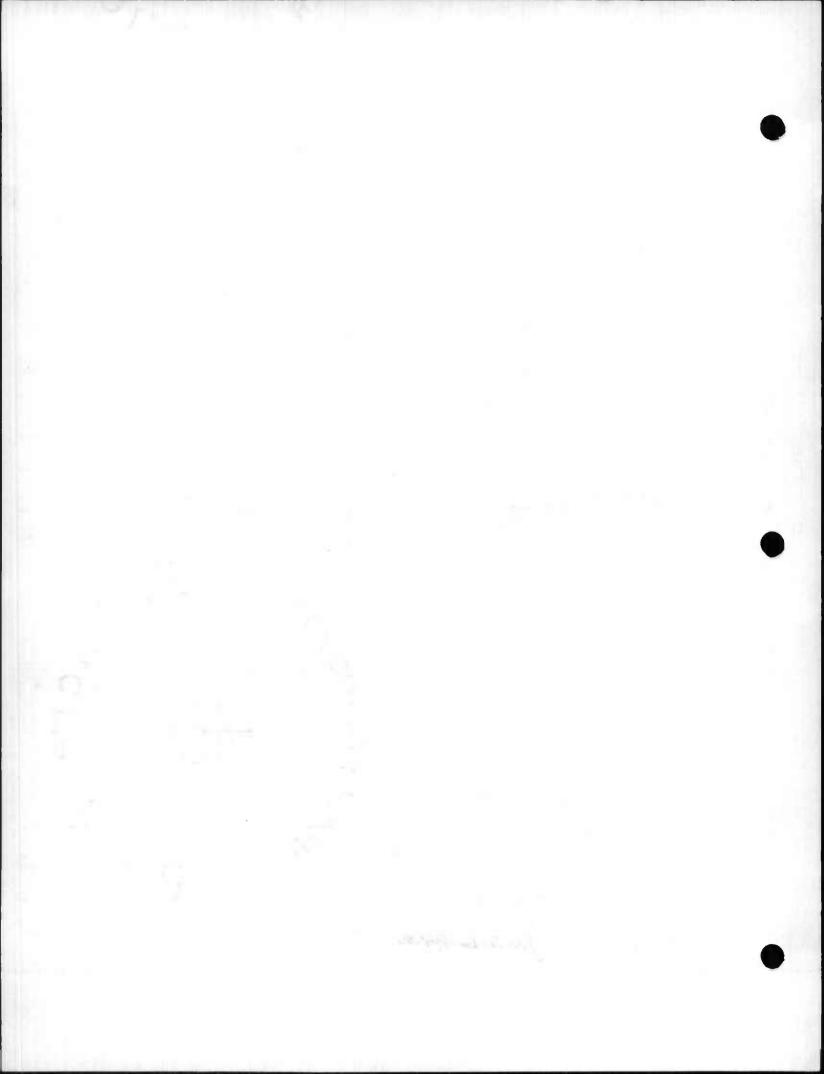
hospital or attending physician. TO THE ROSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certify

	1 - STATE REGISTRAR		C	ERTIFIC	MENT OF	HEALTH AND F DEATH	MENTA	REG. NO		2	299	
	1. DECEDENT'S NAME (First, Middle, Last	ouise	WOOD	ΙΥ			MON			/EAR	TIME OF D	EATH
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. la		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	4, 199		1:23 ACE (State o	Fore
1	217-38-9576	1 🗆 M 2 💢 F	50		ONTHS DAYS		(Mon	13/42		Country)	Md.	ruru
cc	9a. FACILITY NAME (If not institution, give	9	b. CITY, TOWI	OR LOCATION OF D								
OTO	Franklin Sq. Hos	sp							Baiti	more	Coun	ty
DIRECTOR	10e. STATE Md 10b. COUN	10e. CITY, 1							Dd. INSIDE C	V		
ERAL	1222 Damsel Rd.					101. ZIP CODE 21221 10g. CITIZEN C					AT COUNTRY	7
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2			If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Speci	an, Puerto		s or No 14	14. RACE — American Indian, Black, White, etc. Specify Black		
TED	15. DECEDENT'S ED (Specify only highest grad		(0	ECEDENT'S US	done during	TION most of working	16	b. KIND OF BU	SINESS/INDUS		TUCK	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)		e. Do NOT use n	itired.)	most or worning						
COMPL	17. FATHER'S NAME (First, Middle, Last)			Super	visor	18. MOTHER'S NA	AME (Cleat	Adulatio Adalata	0		_	_
	Harrison Griffi	in						riffin				
TO BE	19e. INFORMANT'S NAME (Type/Print)		15			t and Number or Rural	-			ode)		_
	Aredenia Langley	/	$\overline{}$	1222	amsel	Rd.			o., Md			
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rec	moval from State	20b. PLACE cemetery, cr	AND DATE OF	place C+	Name of	DAT		CATION — CH			
	Commetten 3 Removal from State Commetten 3 Removal from State Commetten 6 Other (Specify) Commetten 6 Other (Specify) Balto, Md.											_
	Disti and	012	Sauce.	,	12	11m	onth	1 Pas	1 P	1.	recon	1/
CATION	disease or condition resulting in death) Hypoxic Encephalopathy Due TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):											
CERTIFIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST d. d.											
EDICAL	PART II. Other algnificant condition	resulting in t	the underly	ing cause given in	PERFORMED? AMA				ERE AUTOPS' MILABLE PRI OMPLETION OF DEATH?	OR TO		
Σ							_			1	☐ YES 2 [] NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26.	PLACE OF DEATH (C)	heck only o	ne)				_
\sim	1 YES 2 X NO	HOSPITAL: 1 Vinpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 3 Other (Specify)										
							28d. DE	DESCRIBE HOW INJURY OCCURED			1	
у РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF III (Month, Day	NJURY r, Year)	28b. TIME O	44	YORK?						
TED BY PHY	27. MANNER OF DEATH	28a. DATE OF III (Month, Day)	NJURY , Year) INJURY — At he tc. (Specify)	INJUR	M 1	YES 2 NO		CATION (Street or Town, State)		Rural Rou	te Number,	
MPLETED BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICAL	28a. DATE OF III (Month, Day)	(NJURY — At he to. (Specify)	ome, farm, stre	M 1et, factory, of	YES 2 NO	City to the ca	or Town, State)	nner as stated.			ı otat
E COMPLETED BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICAL	26a. DATE OF IN (Month, Day) 26a. PLACE OF building, at	(NJURY — At he to. (Specify)	ome, farm, stre	M 1et, factory, of	YES 2 NO	e to the ca	or Town, State)	nner as stated.	causo(a) a	nd manner a	
BE COMPLETED BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. DATE OF IN (Month, Day) 28a. PLACE OF building, at 28a. PLACE OF building.	(, Year) INJURY — At h. ftc. (Specify) my knowledge, domination and/or	ome, farm, streetesth occurred a	M 1	YES 2 NO	e to the ca	use(s) and main and place, ar	nner as stated, and due to the c	SUSS(8) a	nd manner a	
TO BE COMPLETED BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMIN	28a. DATE OF IN (Month, Day) 28a. PLACE OF building, at 28a. PLACE OF muliding, at 28a. PLACE OF muliding, at 28a. PLACE OF muliding, at 28a. PLACE OF muliding, at 28a. PLACE OF muliding at 28a. PLACE OF muliding at 28a.	(NJURY — At Inte. (Specify) my knowledge, demination and/or	injur ome, farm, strei eath occurred a investigation, i	M 1	YES 2 NO	e to the ca time, date	use(a) and made and place, and	onner as stated. Indicate to the company of the co	igned (M	onth, Day, Ye	



1 - STATE

				CATE			ru	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	Barbara	Ε.	WI	NTERST	EIN		2. DATE OF D MONTH	DEATH DAY 22		EAR	LO:50
4. SOCIAL SECURITY NUMBER 215-34-9008	5. SEX	8. AGE (In yrs. le	st birthday)	IF UNDER 1 YE MONTHS DA		24 HRS.	7. DATE OF B (Month, Day	, Year)		BIRTHPLAC Country)	E (State or Foreig
9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION OF DEATH				UG. 19,1939 MARYLAND				
FRANKLIN SQUARE	HOSPITAL			BALTIMORE Baltimore							
MARYLAND 10b. COUNT	ALTIMORE		10c. CIT	, TOWN OR LO	CATION TIMORE	?				1.37	INSIDE CITY LIMITS? YES 2 X NO
100. STREET AND NUMBER 4104 PINEHILL ROAD			101. ZIP CODE 21236					10g. CITIZEN OF WHAT COUNTRY U.S.A.			
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X	RMED NO	If yes	DECENDENT O	OF HISPANI	C ORIGIN? (Sp , Puerto Rican	ecify Yes or	_		merican Indian, te, etc.
3 Widowed 4 Divorced						opsony.				W	HITE
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	, (c)	Give kind of v e. Do NOT us	e retired.)	ATION I most of worldin	ng		O OF BUSIN			
17. FATHER'S NAME (First, Middle, Last)	N/A		SECRE	TARY	18 MOTT	HED'S NAM	IE (First, Middle	OOFIN		MPANY	
CHARLES A. WE	HITEFORD				100	ELIN		EERER			
19a, INFORMANT'S NAME (Type/Print)				et and Number	or Rural Ro	oute Number, C	lty or Town,	Stata, Zip Co		**	
ROLAND C. WINTER		SBAND)	410	4 PINE	HILL R	OAD,	BALTI				
20a METHOD OF DISPOSITION **X Burlel 2	noval from State	cemetery co	emeters or o	her place) F FAIT		TERY	10/26			y or Town, S	tota RYLAND
21. SIGNATURE OF FUNERAL, SERVICE LI		W	SCH	IMUNEK	SS OF FACE		OMES,	INC		1236	
23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus Metasta	e on each iin	е.		mode of dyl	ing, such	aa cerdiac	or respirat	tory arres	r, 	Approximate interval Betwoen Onset and D
	Seizure	S S	QUENCE OF):							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	OFI AS A CONSE									
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):							
PART II. Other aignificant condition	ns contributing to c	eath but not	resulting	n the under	ying cause (given in P		WAS AN AU PERFORME YES 2	ED?	COM	E AUTOPSY FINON ABLE PRIOR TO PLETION OF CAUN
							=			1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:				. PLACE OF D	EATN (Chec	ck only one)				
	1 X Inpetient 2 🗆		3 🗆 DOA	OTHER:	lome 5 □ Re	sidence 6	Other (Spe	ectly)			- 10
EXAMINER? 1 YES 2 XNO		JURY	28b. TIM	OF 28c	INJURY AT WORK?		28d. DESCRIB	E HOW INJI	URY OCCUI	RED	
EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATN 1 XN Netural 5 Pending	28a. DATE OF I (Month, Day	Year)	INJ	M 1	YES 2	NO					
EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATN 1 XN Netural 5 Pending	(Month, Day		111000		YES 2		281. LOCATION City or Tox		Number or	Rural Route	Number,
EXAMMER? 1 YES 2 NO 27. MANNER OF DATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	(Month, Day 28e, PLACE Of building, e	INJURY — At h	ome, farm, s	treet, factory,	YES 2 viffica	, and due to	Oity or Tox o the cause(s)	vn, State) and manne	r as stated.	H	>
EXAMMER? 1 YES 2 NO 27. MANNER OF DATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	(Month, Da) 28e. PLACE Of building, e ICIAN: To the best of n	INJURY — At h	ome, farm, s	treet, factory,	YES 2 office	, and due to	Oity or Tox to the cause(s)	and manne	r as stated. fue to the c	H	manner as state
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CETIFIER (Check only One) 2 MEDICAL EXAMINI	28e. PLACE Of building, e ICIAN: To the best of n ER: On the beels of exa	INJURY — At h ic. (Specify) ry knowledge, d mination and/or	ome, farm, s eath occurre Investigatio	d at the time,	YES 2 Inffice	, and due to	Oity or Tox to the cause(s)	and manne	r as stated. fue to the c	cause(s) and	manner as state

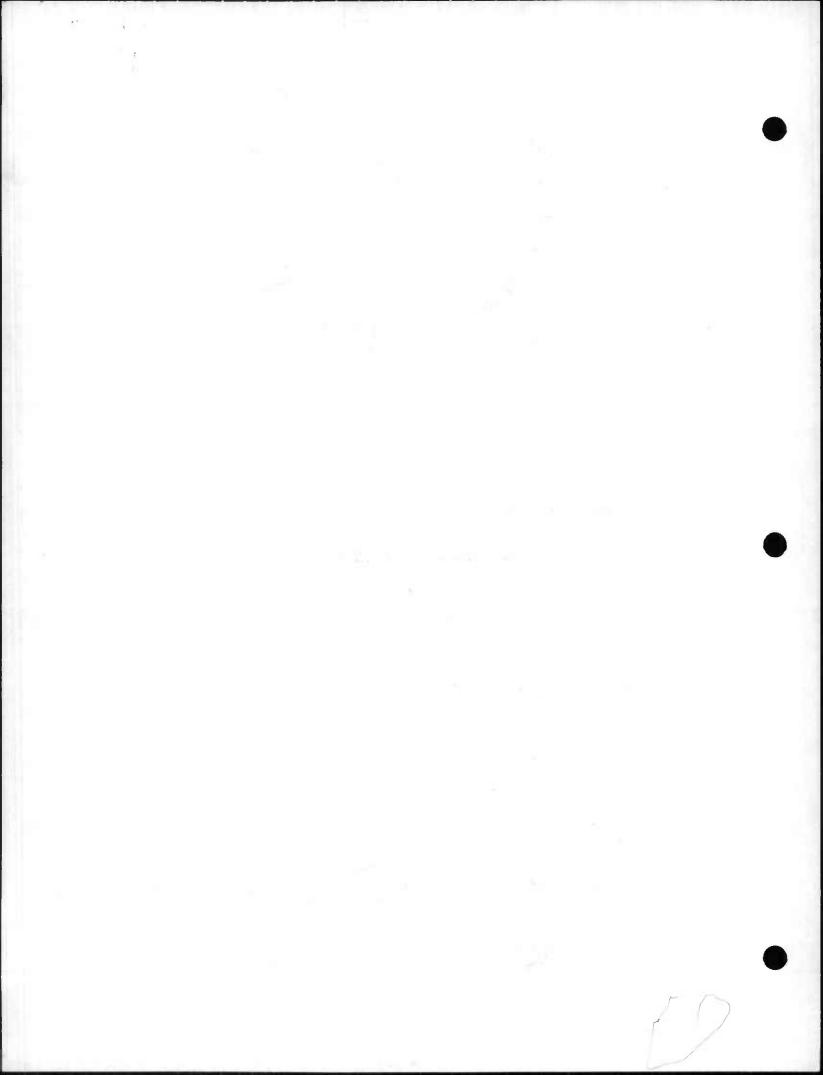


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212	tal or att	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be trained by the hospit TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached

- 1	9	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH														
		KATHARINE	C. 1	JORTHIN	GTON							3	YEAR	12:35 a M		
		4. SOCIAL SECURITY NUMB		5. SEX		yrs. last birthday	IF UNDER	YEAR	IF UNDER 24 I	IRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign		
		269 42 046	3	1 🗆 M 2 🖵 F	85	YRS.	MONTHS	DAYS	HOURS N	NN.	(Month, Day, Year) 9-19-1906		Countr	γ)		
		96. FACILITY NAME (If not institution, give street and number) 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH														
4	E I	NODILL ADUMDEL HOCDITAL ACCOOL														
8	DIRECTOR	RESIDENCE OF DECEDENT								JN 1 Y						
Ø)	2	The state of the s					CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?		
2		Maryland	Anne	Arundel	Count	ty	Gibson Island							1 YES 2 NO		
	RAL	10a. STREET AND NUMBER						101.	ZIP CODE			10g. CIT	TIZEN OF V	YHAT COUNTRY?		
	띮	Box 65, Broadwater Way 21056										US	A			
	FUNE	11. MARITAL STATUS		12. WAS DECEDEN					NDENT OF H	ISPAN	IIC ORIGIN? (Specify Y	es or No-	14. RACE	- American Indian,		
	BY	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V		ES			city Cuben, a 2 NO 3		n, Puerlo Rican, etc.)		Black, White, atc. Specify:			
	8			l		no								White		
	ETE	15, DEC (Specify only	EDENT'S EDU- y highest grade	CATION completed)	1	(Give kind o	work done d				16b. KIND OF B	JSINESS/IN	DUSTRY			
	۳	Elementary/Secondary (0	1-12)	College (1-4 or 5	+}	life. Do NOT	use retired.)				Homen	aker				
9	COMPL	12														
Ouce	8	17. FATHER'S NAME (First, M									ME (First, Middle, Meide	n Sumame)				
to D	BE	George Cr]	Elizal	bet	h Brent					
=	2	19a. INFORMANT'S NAME (7)				19b. MAJLJA	G ADDRESS	(Street an	d Number or i	Rurel F	Noute Number, City or To	wn, State, Zi	ip Code)			
be notified	-	Joseph Worthington														
E		20e. METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE DF DISPOSITION (Name of cametary, crematory or other place)														
Ĕ		4 ⊠ Donation 5 □ Other			-											
=	- 1	21. SIGNATURE OF PINERAL	L SERVICE LIC	ENSERO nalo	d Wade	e, Dir			ADDRESS		DIA			BOARD		
medical examiner must		James	11	Of her	1 10	1/26/92	65	5 W.	Balt	imo	ore St, Ba	lto,	MD	L L		
medical	7	23 PART I. Enter the di	seases, or o	omblications the	t caused t	he death Do	not enter	ha mod	a of dvina	auch	as confine or rec	aleston, or	ma of	Approximate		
De	1	shock, or heart feilure. List only one cause on each line.														
the		IMMEDIATE CAUSE (Final disease or condition Couch sol bournalists														
event,		resulting in death) - a. Cerebral herniation 4hrs														
	_ 1	- Compress adams														
other traumatic e	RTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 12 hrs														
tract	¥	cause. Enter UNDERLYING Cerobral infarction														
9	윤	CAUSE (Disease or inju that initiated events	ry	DUE TO	(DR AS A C	ONSEQUENCE	() 11)위:	///						241113		
-		resulting in death) LAS	т	11	hove	scler	mcic							1/100		
	B													1 413		
	- 11	PART II. Other significa					in the und	lerlying	ceuse give	n in i	Part I. 24e. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
eny Is	EDICAL	Gen	eraliz	red con	יוטער:	sion					1 TYES	. 1		AMAILABLE PRIOR TO COMPLETION OF CAUSE		
2												. 10		OF DEATH?		
48	-										— I			1 YES 2 NO		
Item 23	¥	25. WAS CASE REFERRED TO	O MEDICAL				_	26. Pl A	CE OF DEAT	H (Che	ick only one)	_				
merked, or item 23	PHYSICIAN:	EXAMINER?		HOSPITAL:	FR/Outnet	lent 3 🗆 nos	OTHER			-						
6	Ĕ∥	27. MANNED-OF DEATH		26e. DATE OF		28b. TI	-	8c. INJU		nce	8 Other (Specify) 28d. DESCRIBE HOW	INJUSY OF	CUBED			
- 4			Pending	(Month, D	A Year)	11	JURY	WOR	K? S 2 □ N		Los. Degornoe Hor		CONED			
	à	2 Devlates	Investigation			At home, ferm	street, facto			-	281, LOCATION (Stree	and Numbe	v or Burni S	Pruta Alumbar		
000			Could not be determined	building,	etc. (Specify,)		,, 0,,,,,		- 1	City or Town, Stat)	or norm n	ode Namos,		
Hem	9	29a. CERTIFIER						2000	19.00	-			2.412			
7 =	~	(Check only									to the cause(s) and m			value of the second		
Ë	<u>\$</u> ∥															
	NO.		CAL EXAMINE	H: On the besie of e			296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)									
PHO	SE COMPLET				10				29c. LICENSI			29d. DAT	TE SIGNED	(Month, Day, Year)		
POR	8	29b. SIGNATURE AND TITLE	OF CERTIFIE	Furlow	1,8	MD			29c. LICENSI		794	29d. DAT	TE SIGNED			
POR	ш	29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	OF CERTIFIE	Fur Cou	SE OF DEAT	MD H (ITEM 27) (7/2	e, Print)		29c. LICENSI	8	794	29d. DAT	TE SIGNED	(Month, Day, Year) 23—92		
POR	8	29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF THOMAS W.	PERSON WH	Turbu O COMPLETED CAUS W, M.D.	SE OF DEAT	MD H (ITEM 27) (7/2	e, Print)		29c. LICENSI	8	794	29d. DAT	TE SIGNED	(Month, Day, Year) 23—92		
POR	8	29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	PERSON WH	Turbu O COMPLETED CAUS W, M.D.	SE OF DEATH	/ ND H (ITEM 27) (Typ. 7 RIT	e, Print) CHIE		29c. LICENSI	8		29d. DAT	TE SIGNED	(Month, Day, Year) 23—92		



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CIVISION OF VITAL NECONDS, T.O. BOX 661 60,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death
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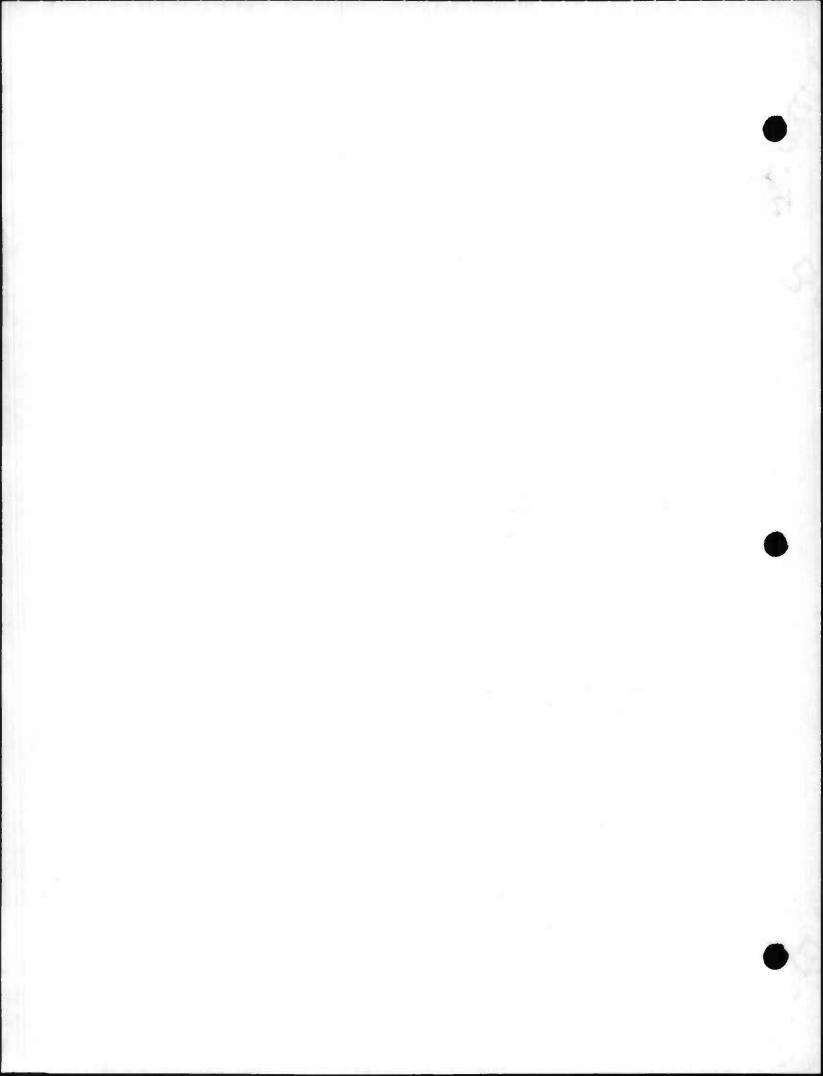
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	1 - STATE REGISTRAR	STATE OF MARYL		DEPARTMEI RTIFICAT			MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	AY YE	3. TIME OF DEATH	
	HILDA M. WALR	AVEN					10 2		1050 a M	
	4. SOCIAL SECURITY NUMBER 213 34 1543	5. SEX 6. AGE	(In yrs. last i	VRS. F UNC	ER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-15-1920		BIRTHPLACE (State or Foreign Country) Maryland	
	Se. FACILITY NAME (If not institution, give a	street and number)	-	9b, CI	TY, TOWN (OR LOCATION OF D		9c. COUNTY		
TOR	NORTH ARUNDEL	HOSPITAL A	SSOC	. GL	EN E	BURNIE		AA C	OUNTY	
DIRECTOR	Maryland Anne	Y Arundel coun	tv	10c. CITY, TOWN	or Local	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10s. STREET AND NUMBER		<u>-1</u>			. ZIP CODE		10a CITIZEN	OF WHAT COUNTRY?	
FUNERAL	6 Winding Woods					21122			USA	
BY FUI	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR C		If yes, ap	ENDENT OF HISPA ecity Cuben, Mexico 2 NO Speci	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) //	s or No 14.	RACE — American Indian, Black, White, etc. Specify: White		
G	15. DECEDENT'S EDU	CATION	16a. DECI	EDENT'S USUAL	OCCUPATION	ON .	16b, KIND OF BU	SINESS/INDUST		
COMPLET	(Specify only highest grade	College (1-4 or 5+)	(Give	e kind of work doi Do NOT use retired	e during mo	st of working	Homen			
OM	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle, Meiden			
	Jesse Eugene We	aver					elle Tice	Surramey		
BE	19a, INFORMANT'S NAME (Type/Print)		190.	MAILING ADDRE	SS (Street o			on State 7to Con	(4)	
2	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joyce Carleton 6 Winding Woods Way, Pasadena, MD 21122									
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State 20	b. PLACE AN	ODATE OF DISP etory or other plea	OSITION (Na	nme of	DATE 20c. LO	CATION — City	or Town, State	
	21. SIGNATURE OF TUNERAL SERVICE LIC	Ronald Wa	ide. I	Dir 2	2. NAME A	D ADDRESS OF FA	COLOTSTATE A	VMOTA	BOARD	
	Smilled Illi	rele 10	-26-9	2	555 W	. Baltim	nore St, Ba	lto,MD	21201	
-	23 PART I. Enter the diseases, or shock, or heart fallure	complications that cause List only one cause on e	d the deal	th. Do not ent	er the mo	de of dying, suc	ch as cardiac or resp	iratory arrest,	Approximate	
	MMEDIATE CAUSE (Final disease or condition	Const Only one cause on a	with line.)					Onset and Deat	
	resulting in death)	/BIRE TO (OR AIS	A CONSEQU	MENCE OF:						
,	_	Sense	0						İ	
ö	Sequentially list conditions, if any, leading to immediate	DIAL TO ION AS	CONSEQU	HINCE OF):	_					
S.	cause. Enter UNDERLYING	. Through	occi	terper	well					
Ē	CAUSE (Disease or Injury that initiated events	900 TO 194 AS	CONSEQU	INCE OF						
CERTIFICATION	resulting in death) LAST	. Leubra	pen	ud						
: MEDICAL	PART II. Other significant condition	s eportributing to death	out not re	e hav	underlyin.	failure	Part I. 24s. WAS AN PERFOR	RMED?	24b. WERE ALTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				24 80	400 00 00000				
ᄗ	EXAMINER?	HOSPITAL:	GEO LES	отн	ER:	ACE OF DEATH (CA				
PHYSICIAN:	1 VES 16 NO	1 Timpettient 2 ERVOUS			-	-	6 C Other (Specify)			
3.300	1 Natural 5 Pending	(Month, Day, Year)		366. TIME OF BUJURY		RKT	28d. DESCRIBE HOW I	NUMY OCCURE	iD.	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide degermined	28s. PLACE OF INJUST building, etc. (Spe	f — At home	e, farm, street, t		rES 3 □ NO •	281. LOCATION (Street City or Revn. State)	and Number or R	ural Route Mumber	
COMPLET		CIAM: To the best of my know H: On the bests of examination							use(e) and manner as stated.	
BE CC	SIGNATURE MAD TITLE OF CENTIFIES		7	•		20s. LICENSE NU	- White in 2001 (2002)	294. DATE SIG		
2	30 MAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF THE	ATH OTEN	270 /Ame Been		136	206	1	124/17	

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OAKWOOD RD #205/GLEN BURNIE, MARYLAND

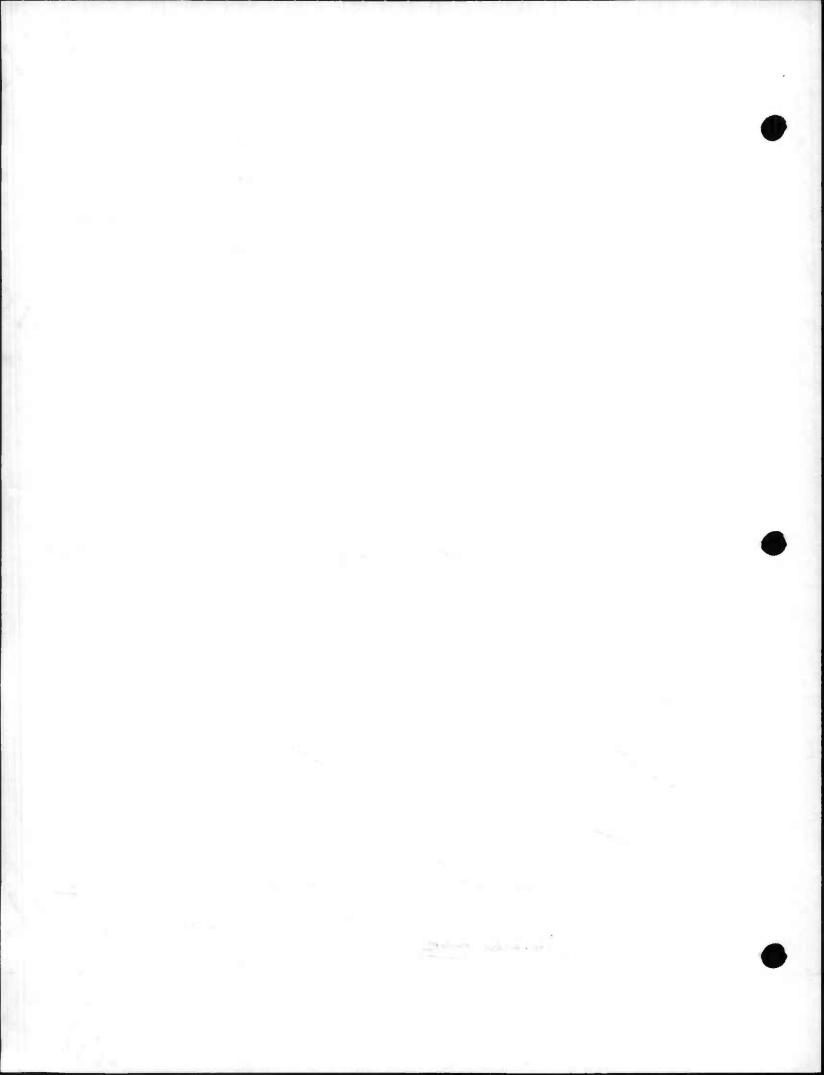


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	are this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the state Debt, of Health and Mental Hydlene prior to burial, cremation, or removal.	
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		FOR 1 - STATE REGISTRAR	STATE OF M				HEALTH AND	MENTA	AL HYGIEN	E	. Igo	
		1. DECEDENT'S NAME (First, Middle, Last) WALT	ER C. WIL	SON				MON	E OF DEATH		EAR 3.	TIME OF DEATH
묫		4. SOCIAL SECURITY NUMBER 216-24-5054	1 💢 M 2 🗆 F		s. lest birthday) 62 YRS.	IF UNDER 1 YEAR			E OF BIRTH 1th, Day, Year) 11, 19	30	BIRTHPLA Country) Mary	ce (State or Foreign
2, 3 shou	OR	9a. FACILITY NAME (II not institution, give a 3025 Elm Aver RESIDENCE OF DECEDENT	· ·			9b. CITY, TOWN OR LOCATION OF DEATH Balto City				9c. COUNT		city
Pages 1.	DIRECTOR	10e. STATE 10b. COUNT Maryland -			10c. CIT	Y, TOWN OR LO		ltin	Ultimore			1. INSIDE CITY LIMITS?
sit permit.		100. STREET AND NUMBER 3025 Elm Avenue					101. ZIP CODE	212		10g. CITIZE		XYES 2 NO
ding physician. s the burlat-transit permit, Pages 1, 2, 3 should	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? (X) IF YES, GIVE WE	XYES 2	ARMED NO	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 VES 2 NO Specify:						
by the hospital or attending be detached for use as the at once.	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 th	CATION completed) Coffege (1-4 or 5+)		(Give kind of a life. Do NOT us	usual occup work done during te retired.)	most of working		Industr	30.000.000		Ĭ.
		Walter C. Wilson, Sr. 16. MOTHER'S NAME (First, Middle, Maiden Surrame) Blanche E. Parks										
be retained age 5 should be notified	5	Shirley Wilson			3025	Elm A	venue Ba		MD 212	211		
Page 6 may all director, pa ner must b	he medical examiner must be notified at	20a METHOD OF DISPOSITION XX Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		cemeters	crematory or o	Park C	emeterv	10	0/26 W	cation — ch loodlar	wn. M	I D
death. e funera M. exami		21. SHONATURE OF HONERAL SERVICE LIS	Carp	ent		3631	Falls Ro	oad I	Burgee- Baltimo	Henss re, Ma	Fune ryla	ral Home nd 21211
y filled in by tion, or remetter		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cous	take	Ca	nce	mode of dylng, suc	ch aa ca	rdinc or respi	ratory arres	t,	Approximate interval Between Onset and Death
and cor burial,	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):										
death certificate be execute attending physician and contral Hyglene prior to buriarry, or other traumatic	CERTIFICATION	CAUSE. (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
Me Me	MEDICAL C	PART II. Other algorificant condition	a contributing to d	death but n	ot resulting	in the underl	ying cause given in	PERFORMED? AMAIL COMP			RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?	
		25. WAS CASE REFERRED TO MEDICAL									10	YES 2 NO
CIAN: The artificate h the State or Item	PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:		7	OTHER: 4 Nursing I	PLACE OF GEATH (CI					
DING PHYSI After this or death with I s marked,	ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. OATE OF I (Month, Day	y, Year)		M 1	INJURY AT WORK? YES 2 NO	26d. Of	EŞCRIBE HOW II	NJURY OCCUI	RED	
TTEND TOR: A after d	8	3 Suicide 8 Could not be detarmined	28e. PLACE OF building, e	INJURY — A tc. (Specify)	it home, ferm, :	street, fectory, c	ffice		CATION (Street a y or Town, State)	nd Number or	Rural Route	Number,
로 기가 =	COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE					lets and place, and due n, death occured at the					I manner as stated.
TO THE FUNERA TO THE FUNERA De filed within 7 IMPORTANT: I	BE	296. SIGNATURE AND TITLE OF CERTIFIES	Dans	il	·		29c. LICENSE NU D 230					nth, Day, Year)
	0	30. NAME AND ADDRESS OF PERSON WH			Falls	Print) Rd	Battir	nor	e, m			
		11. DATE FILEO (MONTH, Day, Year) Ju	MA DALYGOOM							-		





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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the statement designed on the second
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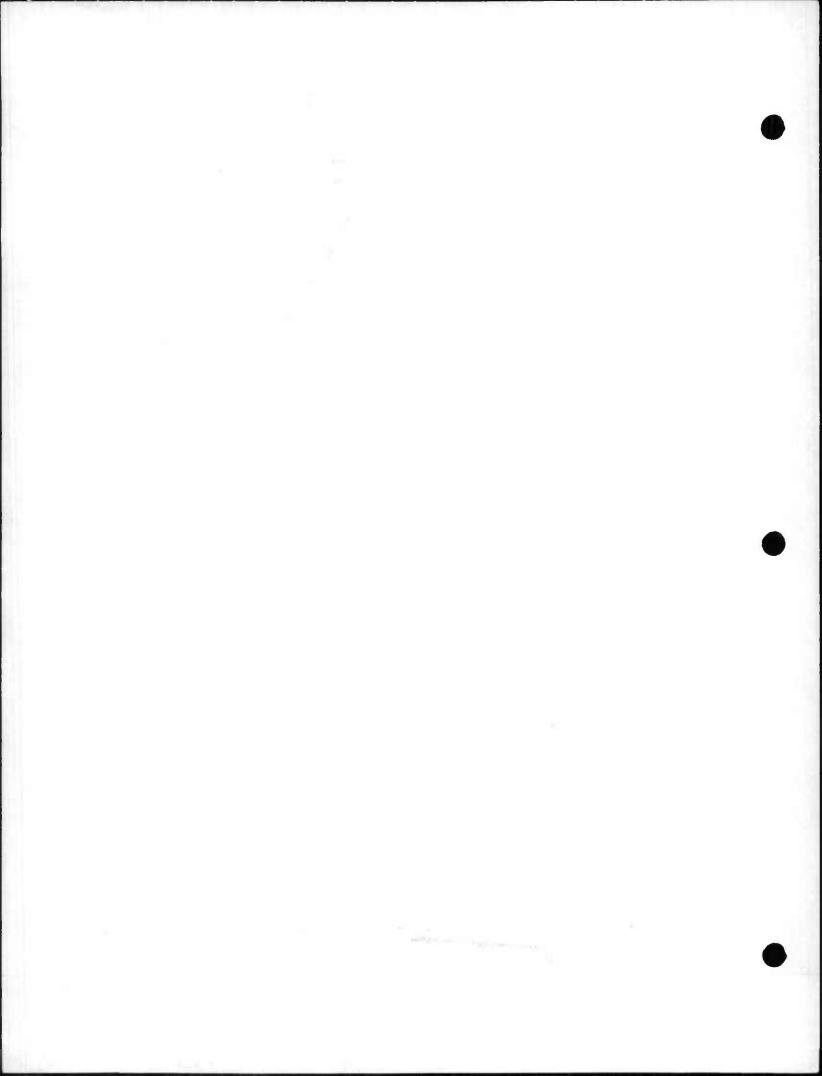
	FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARYL		RIMENT OF H		REG. NO		20010			
		AMELL. W.	iLLIAM	5		2. DATE OF DEATH MONTH	WI - d2	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 578-36-6772	5. SEX 6. AGE	, , , , , , , , , , , , , , , , , , ,		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	TTHPLACE (State or Foreign unity) nnsylvania			
TOR	Be. FACILITY NAME (If not institution, give street and number) Prince George & Hospital Center Cheven ly RESIDENCE OF DECEDENT										
DIRECTOR	100. STATE 100. COUNTY Poince George's Palmer Parte										
FUNERAL	18-06 Adex	Late Pla	æ	101	20785			ed States			
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	В	ACE — American Indian, lack, White, etc.								
LETED	(Specify only highest grade Elementary/Secondary (0-12)										
COMPLET	12th Grade Electrician Gov 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maidden, M							t			
BE C	Leonza Willi	ams		nie Nels							
TO BE	19a. INFORMANT'S NAME (Type/Print) Geneva William	e				Route Number, City or Tox					
	20e, METHOD OF DISPOSITION 1 Depurise 2 Cremation 3 Rem	200	D. PLACE AND DATE	OF DISPOSITION /No	ime of	, Palmer	CATION - City or				
	4 Denetice S Other (Specify)		Harmony					er, Maryla			
	A SOUND OF THE MALE SENDICE CO.	CENSEE +				eral Hom					
	23. PAH . Enter the disesses, pr	complications that cause	d the death. Do					sh., D.C.			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cancin	A CONSEQUENCE O	LUNG				Interval Between Onset and Death			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS /	A CONSEQUENCE O	f):							
ERTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE O	f):							
اب	PART II. Other significant condition	s contributing to death t	out not resulting	In the underlying	g cause given in	Part I. 24a. WAS AF PERFO	RMED?	44b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
								1 YE\$ 2 NO			
IN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 💍 YES 2 🗌 NO	HOSPITAL: 1 ☐ Inpetient 2 IX ER/Outs	pelient 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch	8 Other (Specify)					
ВУ РНУ	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		IE OF 28c. INJ	URY AT RK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED				
G	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spe	f — At home, farm, cify)	street, factory, office		28f. LOCATION (Street City or Town, State	and Number or Run)	af Route Number,			
COMPLET		CIAN: To the best of my know ER: On the basic of exemination						e(s) and manner as stated.			
TO BE COM	29b. SIGNATURE AND TITLE OF CERTIFIER CALLADUO 30. NAME AND ADDRESS OF PERSON WH	e had sign	by Men	e conf	29c. LICENSE NUI		29d, DATE SIGN	ED (Month, Day, Year)			
	PAUL A. DEV	DRE MA 4.	3-03 Q	en sur	y Ky L	14 attsvil	le MA	20781			
	OCT 27 1992 &	James Trans Sagn	Till.								



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		for STATE REGISTRAR	STATE OF MARYLAN		RTMENT OF		MENTAL HYGIE REG. N					
	The state of the s	1. DECEDENT'S NAME (First, Middle, Lest)	Josephin	e WAL	TER		2. DATE OF DEATH MONTH October	DAY 26,	3. TIME OF DEATH			
D				rs. last birthday) 6 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) Dec. 29,	1915	BIRTHPLACE (State or Foreign Country) Maryland			
. 2, 3 should	TOR	96. FACILITY NAME (If not institution, give stree Franklin Squ RESIDENCE OF DECEDENT	·	al	9b. CITY, YOWN	ROSSVi		100	rof DEATH ltimore			
if. Pages 1.	DIRECTOR	Md. 10b. COUNTY	Baltimore	10c. CIT	Y, TOWN OR LOC	ATION Essex			10d. INSIDE CITY LIMITS? 1 YES X NO			
an. ransit permit.	FUNERAL	100. STREET AND NUMBER 1215 Baysi					221		US A			
21215-0020 al or attending physician. for use as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	- □wo	If yes, I	ECENDENT OF HISPA specify Cuben, Mexica ES X NO Specific	NIC ORIGIN? (Specify ten, Puerto Rican, etc.) ly:	fes or No—	R. RACE — American Indian, Black, White, etc. Specify: White			
	LETED		TION 16 mpleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	Section 1	nost of working	16b. KIND OF E	USINESS/INDUS	БТРУ			
MARYLAND 2 retained by the hospital 5 should be detached for notified at once.	COMPL	9th 17. FATHER'S NAME (First, Middle, Last) Henry C. Bord	1100					18. MOTHER'S NAME (First, Middle, Maiden Surname) Marie Schunter				
MARY e retained b 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print) Elwood Walter		1		t and Number or Rural	Acute Mumber, City or T d Baltim	own, State, Zip C				
BALTIMORE, after death. Page 6 may be by the funeral director, page noval. cal examiner must be		20e. METHOD OF DISPOSITION 1 1 Strict Surface Strict Surface Strict Surface Strict Surface Strict Strict Surface Strict Surface Strict Surface Strict Strict Surface Stric	of from State Cemeter	ACE AND DATE	of disposition (in the place) with Cem	Name of etery 10	DATE 20c. I	OCATION — CH	or Town, State			
BALTIN ter death. Pag the hineral dir wal.		21/SIGNATURE OF FUNERAL SERVICE LICEN	neral He	me	Con		neralHom		aceAve.21221			
A hours		23. PART I. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Adenocare	inoma	of Gal				Interval Between Onset and Death			
OX 687 be executed clan and con ior to burial, raumatic er	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO									
P.O. B h certificat inding phy Hygiene p or other	ERTIFICATION	CAUSE (Olseese or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
ADS at the d by the od Mer	MEDICAL C		Laennec"s	Cirrl	nosis		PERF	NA AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
AL RECOINT IN THE STATE OF THE	- 11	cause A.	lnutrition	and w	vastino	g s e cond	dary to		1 YES 2 NO			
- F 2 2 2	PHYSICIAN:	1 YES 2 XNO 1	OSPITAL: X inpetient 2 - ER/Outpetie		OTHER: 4 Nursing Ho	PLACE OF DEATH (Cr						
ON OF VI	B	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY —	- 0	M 1	HJURY AT PORK? YES 2 NO	28d. DESCRIBE HOV					
ON ATTENDING OR ATTENDING DIRECTOR: After hours after death Item 28 is man	LETED	3 Suicide 8 Could not be determined	building, etc. (Specify)				28f, LOCATION (Stree City or Town, Sta	te)				
THE STATE OF	COMPL		IN: To the best of my knowledg				time, dets and place,	end due to the	cause(s) and manner as stated.			
THE STATE OF	TO BE	SOL NAME AND ADDRESS OF PERSON WHO	ON CET OF CAUSE OF DEATH	(ITEM 27) (Type	, Print)	The Golden	moren	10/	26/92 Year)			
		Dr. Jacqueli 31. DATE FILED (Morith, Day, Year) UCL 2 1 1992	ne Royce, A	I. D.	9000	Frankli	n Square	e Driv	re - 21237			
		שטו הי וסטר										



FOR STATE

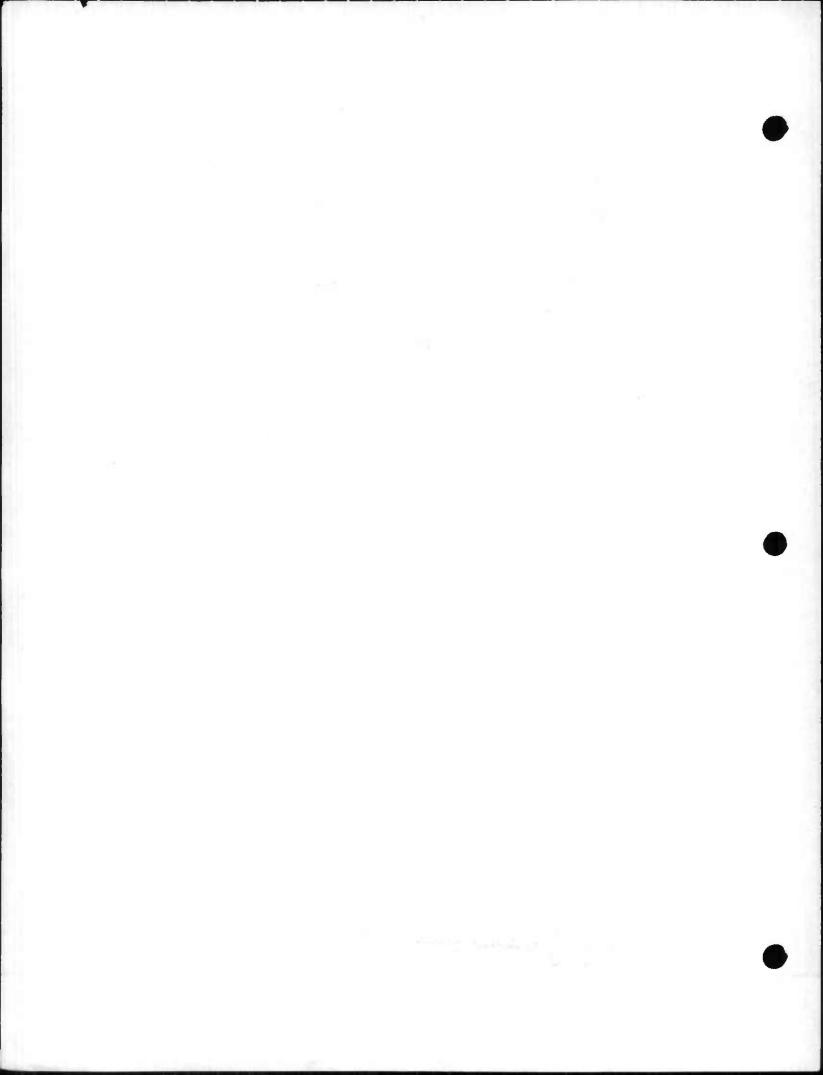
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DE	ATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	John	E.	WILSON	SR.		1,) 2:			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)		VDER 24 HRS.	7. DATE OF BIRTH	8, 88	DYMEN ACE (Come on For	
	178-20-8562	1 🔀 M 2 🗆 F	6 5 YRS.	MONTHS DAYS HOUR	PIS MIN.	May 3, 19	27 0	PA.	
	Sa. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN OR LOC	CATION OF DEA		9c. COUNTY O	F DEATH	
5	Franklin Sc	nuare Hospi	ital	Ross	ville		DALT	TAMODE	
DIRECTOR	RESIDENCE OF DECEDENT								
Ä	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCATION ES	COV			10d, INSIDE CITY	
ā	Md.	BAltimore		ES	Sex			1 YES 2	
4	10s. STREET AND NUMBER			10f. ZIP C	00E 0 1 0	0.1	10g. CITIZEN O	F WHAT COUNTRY?	
ER	618 George	Ave.		100	212	21			
FUNERAL	11. MARITAL STATUS	12, WAS DECEDENT EVER I		13. WAS DECENDEN	NT OF HISPANK	C ORIGIN? (Specify Yes	or No.— 14. R.	ACE - American India	
BYF	1 Never Married 2 Narried	FORCES? 1 TYPES	2 NO	if yea, specify Co		Puerto Rican, etc.)		lack, White, etc. pecify:	
	3 Widowed 4 Divorced						"	White	
삘	15. DECEDENT'S EDU- (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATION	orkina	16b. KIND OF BUS	SINESS/INDUSTR	Υ	
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	work done during most of wo be refired.) 11 Wright		Bet	h Ste	e 1	
를			MI	TT WIIGHT	•	1	5 00	_	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			10. 66	OTHER'S NAM	E (First, Middle, Maiden	Surname)		
BE C	William V	Wilson			Lave	rn Jones	5		
	19a. INFORMANT'S NAME (Type/Print)	111	19b. MAILING	ADDRESS (Street and Num	mber or Rural Ro	oute Number, City or Town	n, State, Zip Code)		
2	Nancy Wilson			8 George				21221	
!	20s. METHOD OF DISPOSITION FO Burlat 2 Cremation 3 Rem	206		OF DISPOSITION (Name of			CATION City or	Town, State	
1	† Buriat 2 ☐ Cremation 3 ☐ Reme 4 ☐ Donation 5 ☐ Other (Specify)	oval from State Cen	netery, crematory or o	44 . 4. 4	10/26		elAirM		
	21 AIGNATURE OF FUNERAL SERVICE LIC		CTUIT I	22. NAME AND ADD	-			-	
	16 111 -	1	1			ralHome	300Mac	eAve. 212	
	Connelly tu	neral M	ome!		_				
	23. PART I. Enter the dispases, or called the shock, or heart failure	complications that cause List only one cause on a	d the death. Do r	not enter the mode of	dying, such	as cardiec or respi	ratory arrest,	Approxima	
	IMMEDIATE CAUSE (Final	0	acii mie.					Onset and	
	disease or condition resulting in death)	. Aun	9 (0)	Ler					
		DUE TO (OR AS)	CONSEQUENCE OF	F):					
z	A STATE OF THE STA	Athe	hours	Los Ser	bhec	(Ordioor	adec	Ce~	
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENÇE O	F):		BI	80 11		
<u>₹</u>	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury								
	that initiated events	DUE TO (OR AS	CONSEQUENCE OF	n:	V	, , ,			
CERTIFICATION	resulting in desth) LAST	d		1.6		y			
O	PART II Other significant condition	e contribution to don't t	and most accounts.	L M					
EDICAL	PART II. Other significant condition	- commouning to death b	rut not resulting	in the underlying ceus	se given in P	art I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FIN AVAILABLE PRIOR 1	
ă			1			1 YES 2	□ NO	OF DEATH?	
Σ						_		1 YES 2 N	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			F DEATH (Chec	k only one)			
S	1 TES 2 NO	1 Inpetient 2 ER/Outs	petient 3 🗆 DOA	OTHER: 4 Nursing Home 5	Residence 6	Other (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJURY AT WORK?	T T	28d. DESCRIBE HOW (F	JURY OCCURED		
À	1 Natural 5 Pending 2 Accident Investigation			M 1 TYES 2	2 🗌 NO				
	3 Suicide 8 Could not be	26s. PLACE OF INJURY building, atc. (Spec	— At home, farm,	street, factory, office		261. LOCATION (Street a City or Town, State)	and Number or Run	rel Route Number,	
	4 Homicide determined		. , ,			Only Or IOWIT, STREET)			
ן בֶּ	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	riedge, death accum	ed at the time date and all	lace and due to	the revealet and man	mar as et-to-d		
COMPLET		R: On the basis of examination						o(a) and many	
8		frag.		, my symmon, death oc	cored at the ti	me, usee and place, and			
8	29b. SIGNATURE AND TITLE OF CERTIFIER	1/16/2	B	29c. L	LICENSE NUME	DER CO	29d, DATE SIGN	IED (Month, Day, Year)	
		1			1733) 45	1 59	92+ 50 C	
- [30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)			()	/	
	DR. John J. L	0H0 6171	A. Ster	nimers t	Tun '	Rd, Z	1221		
	31. DATE FILED (Month, Day, Year)	32. PEGISTRAR'S SIN	ATABLE.		1000				
Ţ	OCT 2 7 1992 9	has varidoon-10							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

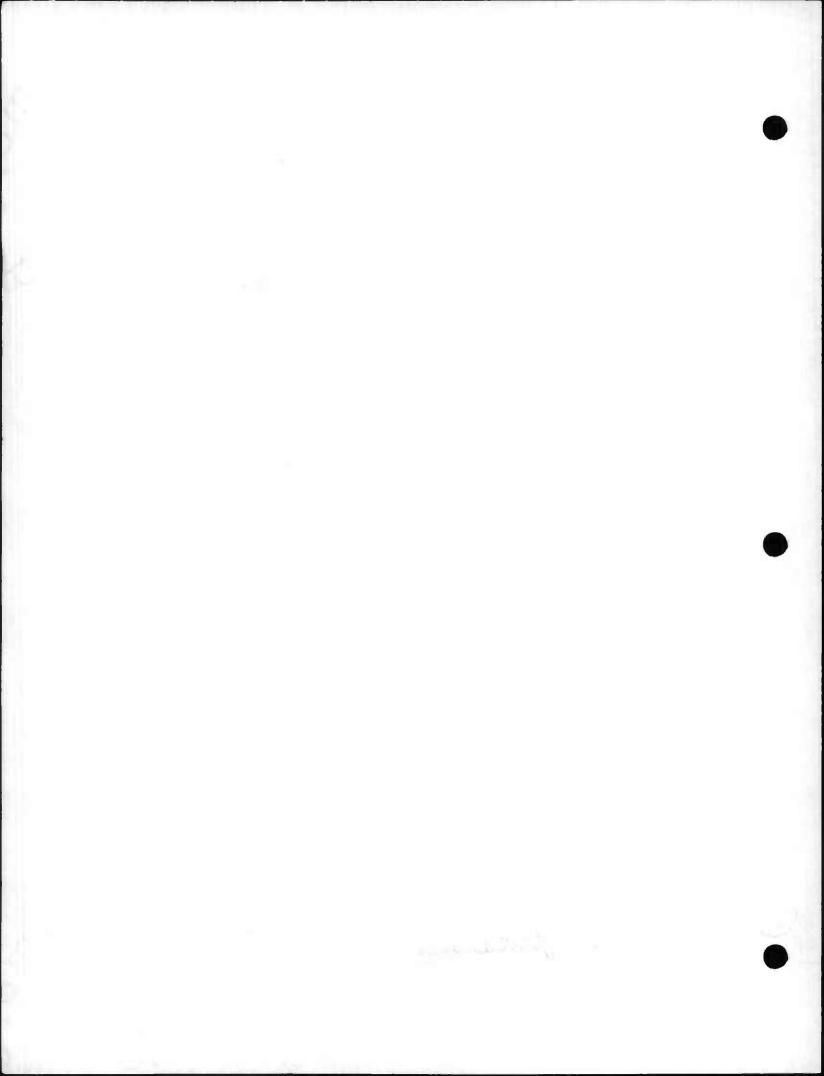
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BY PHYSICI	EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH V Natural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Inpatient 2 ER/ 28a. DATE OF INJU (Month, Day, Ye	IRY 28b. TII	OTHER: 4 Nursing Hor ME OF JURY M 1	ne 5 N Residence JURY AT ORK? YES 2 NO	6 Other (Specify	OW INJURY OCCU	RED	
SICIAN: MEDICAL C	PART II. Other significant condition Laryngial Co.		th but not resulting		ng cause given in	1 × YE	S AN AUTOPSY RFORMED? S 2 NO	24b. WERE AUTOPSY FINDH MAILLABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.								
	23. PART I. Enter the diseases, pr shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that can List only one cause of a. Arterios DUE TO (OR	on each ilne.	not enter the m	ode of dying, suc	ch as cardiac or r	espiratory arres		
ехашина	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Jones	22. NAME A	NO ADDRESS OF FA	Derri	ck C.	Jones F.H.	
must be	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		206. PLACE AND DATE cemetery, cremetory or Garrisol	OF DISPOSITION /A	lame of	DATE 20	c. LOCATION — CH		
TO BE	19a, INFORMANT'S NAME (Type/Print) Katherine Amos				end Number or Rural	a Willi Route Mumber, City of Balto	r Town, State, Zip C		
COMPL	17. FATHER'S NAME (First, Middle, Last) Cephus Watkin	c	/ IIuc	V DIIVE	16. MOTHER'S NA	NAME (First, Middle, Malden Surname)			
PLETE	(Specify only highest grade		(Give kind of	s USUAL OCCUPAT f work done during m use retired.) k Drive	ost of working		portat		
D BY	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	yes 2 □ NO OR DATES 0 42 12-6	-45 H yes, s	pecify Cuban, Mexic S 2X NO Speci		i.)	4. RACE — American Indian Black, White, etc. Specify: Black	
FUNERAL	100. STREET AND NUMBER 3016 Wylie Ave	nue			и. zip соов 21215			EN OF WHAT COUNTRY?	
DIREC	10e. STATE 10b. COUNT	γ	10c. Cl	Baltim				10d. INSIDE CITY LIMITS? 12 YES 2 N	
стов	3016 WYLIE AVE				ORE CIT		Se. COUNT	Y OF DEATH	
	220-03-4833 9s. FACILITY NAME (If not institution, give	1 [XM 2 ☐ F	71 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day 16 6-24-	1921 _M	aryland	
	WILLIAM 4. SOCIAL SECURITY NUMBER	C.	AGE (In yrs. last birthday		KINS IF UNDER 24 HRS.	1.0	25 9	YEAR 2:13	

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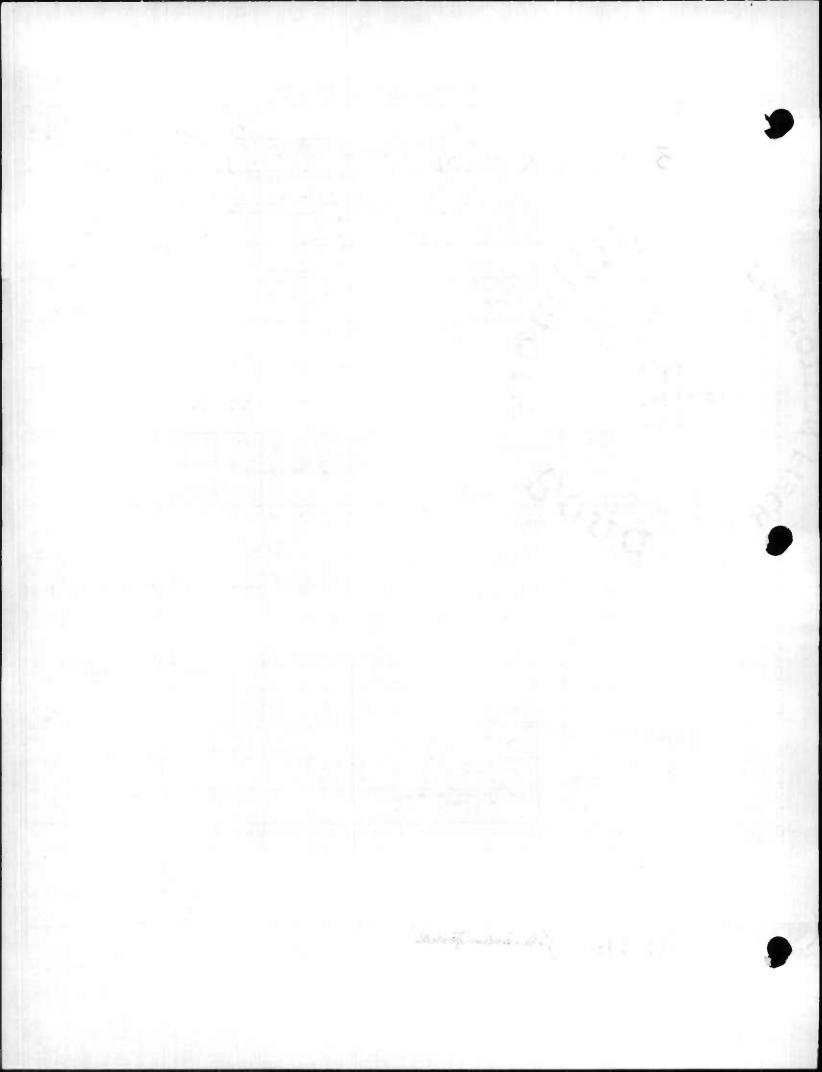


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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

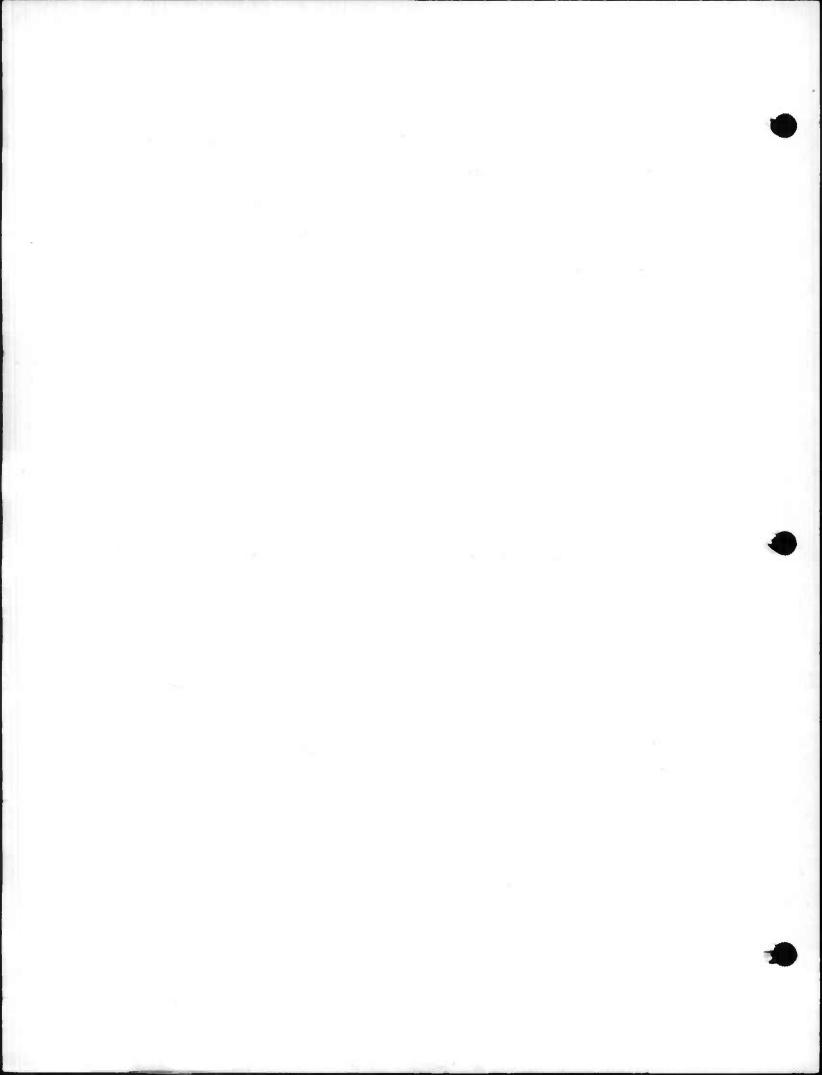
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-	The second secon					ned. No.		
1	L DECEMONT'S NAME (First, Middle, Last)	alpro	10			2. DATE OF DEATH	Y/\ /	3. TIME OF DEATH
	L LOCAL SECURITY NUMBER 5. SI	EX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7 18	BIRTHPLACE/(State or Foreign
ş	705-07-3020	M 2 🗆 F	ST YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
œ	Se. FACILITY NAME (If not institution, give street ar	nd number)	9		R LOCATION OF DE	1	9c. COUNTY	OF DEATH
DIRECTOR	DOJEPH KIC	hey Mo.	spice	Dali	imore	C141		
REC	10a. STATE 10b. COUNTY			TOWN OR LOCA	/			10d, INSIDE CITY LIMITS?
	10a, STREET AND NUMBER				MORE			1 PTES 2 NO
FUNERAL	820 Eutaw	57.		10	212	01		OF WHAT COUNTRY?
NO.	11. MARITAL STATUS 12. V	WAS DECEDENT EVER II		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, stc.
ВХ	3 NWIdowed 4 Divorced	ATES		2 NO Specify	n, Puerto Rican, etc.)		Specify: WHI +E	
E	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	eted)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during mo		16b. KIND OF BUS	BINESS/INDUST	TRY
COMPLETED	Elementary/Secondary (0-12) Coff	ege (1-4 or 5+)	Disabl					
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden	Sumeme)	
BE		Unknown				known		
2	19a. INFORMANT'S NAME (Type/Print) Sharon Loring					alto., Mo		
	20a. METHOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Removal fr	206	PLACE AND DATE OF	DISPOSITION (N				or Town, State
	4 Donation 6 Other (Specify)	D	etery, cremetory or other Ulaney V	alley	Cemete	ry Dul	laney,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEI	1	31.6.10		D ADDRESS OF FAC	Derric	ck C.	Jones F.H.
	23. PART I. Enter the diseases, or compl	- 1	the death. Do not					Approximate
CERTIFICATION	ahock, or heart failure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	v f	fildre Fprostate endates/					
	d							
MEDICAL	PART II. Other algorificant conditions con	tributing to death b	150250	the underlyin	g cause given in	Pert I. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
2								1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (Che	ock only one)		
Sic		SPITAL: Inpetient 2 - ER/Outp		THER:	e 5 🗆 Residence		4000	100
BY PHYSICIAN:	27. MANNEB OF DEATH 1 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. IN.		28d. DESCRIBE HOW I	NURY OCCUR	ED
		28e. PLACE OF INJURY building, atc. (Spec	— At home, term, stre	et, tactory, offic		281. LOCATION (Street a City or Town, State)	nd Number or F	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: **DMEDICAL EXAMINER: On							use(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	aune	M.D.		29c. LICENSE NUM D/3	1/2	29d. DATE SIG	ONED Month, Day Year
2	96. NAME AND ADDRESS OF PERSON WHO COM	ne (250	51,0	121/6	SHIN	et #3	10 Ba	1621204
	DCT 2.7 1992	22. REGISTRAR'S SIGN	ATURE RE	die e e	, , , , , ,		1	



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HIGHTIN, DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2
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1.00	146

	1. DECEDENT'S NAME (Firs		11.		16.				ATE OF DEATH	DAY -	YEAR	3. TIME OF DEATH
	G	RBIG	e Vinc	and	Youn	9			10-1	9-9	1	4:100
	4. SOCIAL SECURITY NUM			AGE (In yrs. lest	ancaris .	HOER I YEAR	IF UNDER 24 HF	N. (A	ATE OF BIRTH fonth, Day, Year)		8. BIRTH	PLACE (State or Foreign
	579-52-94			48	THS.			1	0/29/4	-	Was	
CTOR	9a. FACILITY NAME (II not 9524 Temp		•				or location on a Mai		nd		G.	EATH
ECT	RESIDENCE OF DE	10b. COUNT	y		10c. CITY, TOY						I	10d. INSIDE CITY
DIR	MD	P.	G.				Maryl	and				LIMITS?
	10e. STREET AND NUMBER					10	1. ZIP CODE			10g. CITI	ZEN OF W	/HAT COUNTRY?
FUNERAL	9524 Temp	ole Hi	11 Road				2073	5		U	.S.	Α.
FU	11. MARITAL STATUS 1 Never Married 2 X	Married	12. WAS DECEDENT EV FORCES? 1	YES 2 XN	MED 10	If yes, sp	pecify Cuban, Me	exican, Pue	IIGIN? (Specify Y orto Rican, etc.)	ea or No-	Black	— American Indian, , While, atc.
BY	3 Widowed 4 Div		IF YES, GIVE WAR	OR DATES		1 🗌 YES	3 2X NO S	pecify:			Specif	Black
E		ECEDENT'S EDU		(GI	CEDENT'S USUA ive kind of work d . Do NOT use retir	lone durina mo	ON ost of working		16b. KIND OF B	USINESS/IND	USTRY	
PLET	Elementary/Secondary 12th	(0-12)	College (1-4 or 5+)	1	uck Dr				C.E. J	ohns	on !	Trucking
COMPL	17. FATHER'S NAME (First,	Middle, Last)		121	dek bi	TVCI	16. MOTHER'S	S NAME (F)	rst, Middle, Maide	n Sumame)		
BE C	George V.		g, Sr.				Myrt]	Le J	ohnsor	You	ng	
2	19a, INFORMANT'S NAME								Number, City or To			
	Catherine		g		07 DISPOSITION					contion -		20735
	Burial 2 Cremat	tion 3 Hem	ioval from Stata	other pla	nce)				La		-	
	21. SIGNATURE OF TUNER		CENSEE	A IIIC	IL MOILY	RAMEA	ND ADDRESS O	PACHE	on Fur	era1	Hor	ne, Inc.
	11/16	6	Mex	de	0	1661	Good	Hop	e Rd.,	SE.	DC	20020
	23. PART I. Enter the shock, or	hant fallure.	complications that co	aused (he de								
	IMMEDIATE CAUSE (F		List only one cause	on each line).							Approximate interval Betwo
			rabetes &	on each line	terism				cardiac or rea			Interval Betw
NOI	disease or condition resulting in death)	Final A	Dubetis to OF	on each line	DUBLICE OF):							Interval Betw
CATION	disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL	Sittions, needlate	Dubetis to OF	on each fine	DUBLICE OF):							Interval Betw
TIFICATION	Sequentially list fond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	Sitions, nedlate LYING niury	DUE TO (OF	on each fine	OUENCE OF):							Interval Betw
ERTIF	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in	Sitions, nedlate LYING niury	DUE TO (OF	A A CONSEC	OUENCE OF):							Interval Betw
L CERTIFI	Sequentially list fond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	Sittions, nedlate LYING anjury	DUE TO (OF	ON SACH IINE	OUENCE OF): OUENCE OF):	e onti	wsk	netu	L. Davidi	AN AUTOPSY DRIMED?	rule	Onset and De Onset and De WERE AUTOPSY FINDI AMILABLE PRIOR TO
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ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations of the condition of the condit	Sittions, nediate LYING and injury AST ST ST ST ST ST ST ST ST ST ST ST ST S	DUE TO (OF DUE TO	on sach line R AS A CONSEC R AS A CONSEC R AS A CONSEC RAS A CONSEC	DUENCE OF): DUENCE OF): DUENCE OF): Tresulting in the	e underlyin 26. P HER: Nursing Hor 28c. IN M 1	PLACE OF DEATH THE SIZE Reside JURY AT ORK? YES 2 NO	n in Part	I. 24a. WAS / PERPI 1 YES Other (Specify) DESCRIBE HOV	NA AUTOPSY ORMED? 2 NO	24b	WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 PES 2 NO 27. MANNER OF DEATH 1 Netural 5 Netural 5 Accident 3 Suicide 6 Homicide 29e. CERTIFIER 1 CE	Sittions, nediate Lying Sittions, nediate Lying Sittin	DUE TO (OF DUE TO (OF DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF DU	on sach line R AS A CONSEC R AS A	OUENCE OF): OUENCE OF): OUENCE OF): Tesuiting in the OT A CT 26 DOA 4 CT 26b. Time OF INJURY	e underlyin 26. P HER: Nursing Hor 28c. IN M 1 , factory, office	PLACE OF DEATH THE SET RESIDENT THE SET	n in Part H (Check or once 8 28d.	I. 24a. WAS A PERFIT 1 YES Other (Specify) DESCRIBE HOV LOCATION (Street, Steel)	AN AUTOPSY ORMED? 2 NO	24b	WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in dasth) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 PES 2 NO 27. MANNER OF DEATH 1 Natural 5 Natural 5 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER 1 CERTIFIER 1 CERTIFIER 1 CERTIFIER 1	ditions, nediate Lying njury AST TO MEDICAL Pending investigation Could not be determined ERTIFYING PHYSICAL EXAMIN	DUE TO (OF DUE TO	on sach line R AS A CONSEC R AS A	OUENCE OF): OUENCE OF): OUENCE OF): Tesulting in the 25 DOA 4 DOA 4 DOA 10	e underlyin 26. P HER: Nursing Hor W M 1 the Hime, date	PLACE OF DEATH PLACE OF DEATH	n in Part H (Check or once 6 28d. 28d. d dua to the title lime,	I. 24a. WAS / PERFIT 1 YES Other (Specify) Describe Hove City or Town, Steel e couse(e) and m	VINJURY OC	24b CURED or or Rural II	Interval Betw Onset and De Onset and De WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINERY? 1 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only one) 2 ME	Sitions, nediate Lying Sitions, nediate Lying Sitions, nediate Lying Sitions of the Sitions of t	DUE TO (OF DUE TO	on sach line R AS A CONSEC R AS A	OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): Tresulting in the 2 B DOA 4 DOA 4 DOAN DOAN DOAN DOAN DOAN DOAN DOAN DOAN	e underlying 26. P HER: Nursing Hor 28c. IN M 1 , factory, office the Hme, date my opinion,	PLACE OF DEATH TORK? YES 2 NO death occured a	n in Part H (Check or once 6 28d. 28d. d dua to the title lime,	I. 24a. WAS / PERFIT 1 YES Other (Specify) Describe Hove City or Town, Steel e couse(e) and m	VINJURY OC	24b CURED or or Rural II	Interval Betw Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De



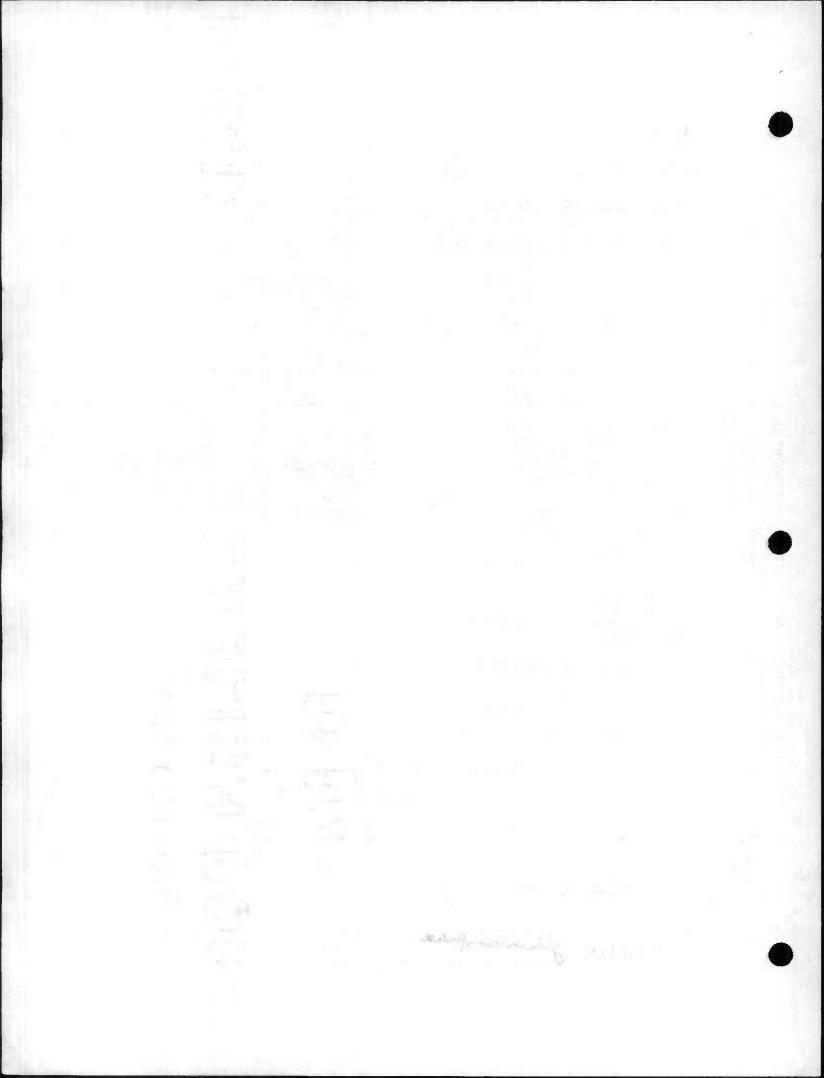
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pl

The first this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made to be the state begs. of Health and Merial Hygiene prior to burial, cremation, or removal.)20 ohysician. ATTENDING PHYSICIAN: The law requires that the death certificate be ex

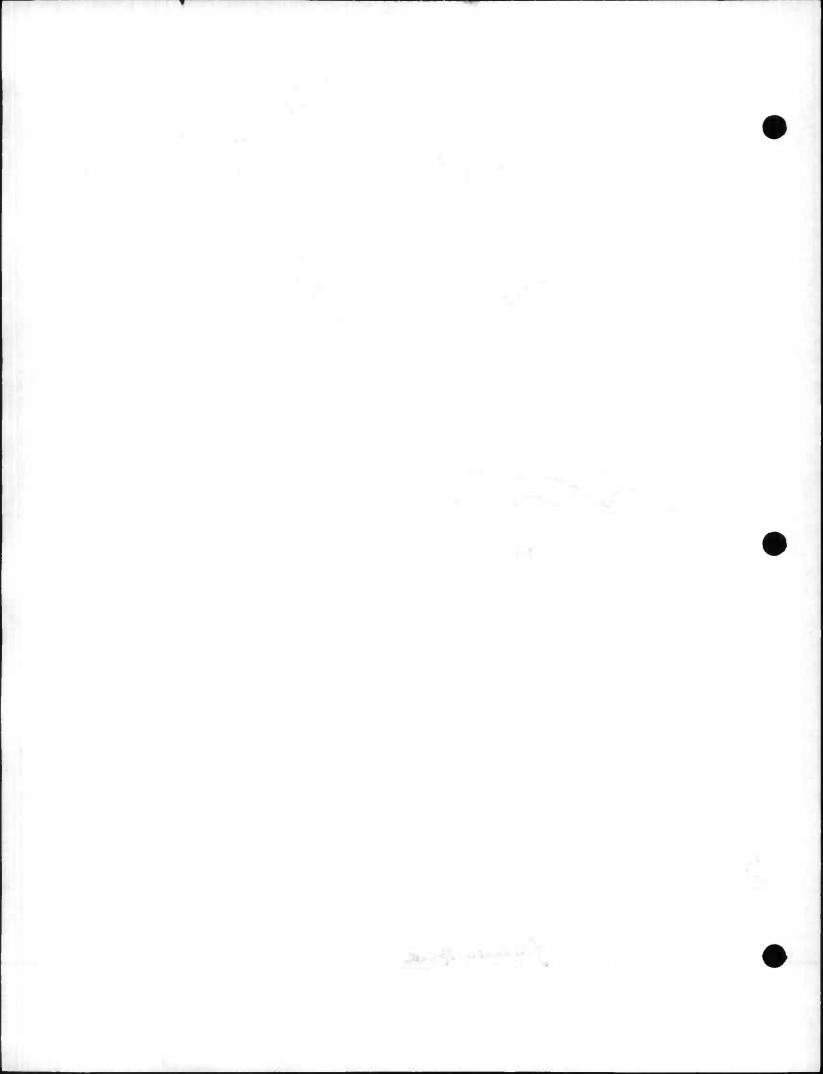
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEDENT'S NAME (First, Middle, Last)	2. DATE OF OEATH DAY YE	3. TIME OF OEATH
- 2	Roland E. Ambrose	10 27 9	2 3:40A H
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrz. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. ON 2 F STATE	7. DATE OF BIRTH (Monty), Day, War)	BIRTHPLACE (State or Foreign Country)
æ	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF I	PEATH 9c. COUNTY	OF DEATH
2	RESIDENCE OF DECEDENT	E 017	
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BATIMORE CO. FULLER TON		10d. INSIDE CITY LIMITS? 1 YES 2 ND
A	10a. STREET AND NUMBER 101. ZIP COOE	10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	5 NUNCROFT CT, AFT. 20 2123	6 4	·S, H.
3			RACE — American-Indian, Block-White, etc.
ВУ Р	1 Never Married 2 Married 3 Widowed 4 Divorced 1 Never Married 2 Married 3 Widowed 4 Divorced 1 Yes, GIVE WAR OR DATES 1 Yes 2 NO If yes, specify Cuben-Maxie 1 Yes 2 NO Specific Cuben-Maxie		Specify:
	W.W. H NAVY		WHILE
TE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KINO OF BUSINESS/INOUST	TRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 6+) College (1-4 or 6+)	_	
	17. FATHER'S NAME (First Middle, Last) ROLAND E- AMBROSE 18. MOTHER'S N	AME (First, Middle, Maiden Surname)	LLARY
TO BE	19a. INFORMANT'S NAME (Type/Print) PECOR) 5 19b. MAILING ADDRESS (Street and Number or Rura SAME) AS	Route Number, City or Town, State, Zip Co.	de)
N.	20a. METHOD OF DISPOSITION 1 Burlal 2 @ Cremetion 3 Removal from State	DATE 28c. LOCATION — City	or Town, State
	4 Donation 6 S Other (Specify). 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FUNERAL SERVICE LICENSEE	MAKEN	ue, mis.
	My new f. gain EVENS	FUNEROL	STAPPER
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, as subck, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		Approximate Interval Between Onset and Death
MEDICAL	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given i	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DIC		1 YES 2 NO	OF DEATH?
ME			1 TES 2 NO
Ä		3,0	
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (I	Check only one)	
PHYSICIAN:	1 Greater 1 Greater 2 GR/Outpatient 3 DOA 4 Nursing Home 6 Residence		
ВУ РН	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCUR	IED
8	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281, LOCATION (Street and Number or City or Town, State)	Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the state of the basis of axamination and/or investigation, in my opinion, death occurred at the state of the basis of axamination and/or investigation, in my opinion, death occurred at the state of the basis of axamination and/or investigation.		ause(s) and manner as stated.
8	AND SIGNATURE AND TITLE OF CONTINUE		
BE	290. LICENSE N	UMBER 29d. DATE S	IGNED (Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	,	
0	The state of the s		
	31. DATE FILED (Month, Day, Your) OCT 2 8 1992 June Davidson Spurition		



	1	JEAN F	PPE	EL	JEAN A	PPEL				2. DAT	5 - 2 4	r-92	SEAR 3	8:30 A M
pir		217-09-	2524	1 🗆 M 2 📈 F	84 SH			AY8	IF UNDER 24 HRS. HOURS MIN.	06	OF BIFITH	8	mär	Vland
1, 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give street end number) Stella Maris Hospice 9b. CITY, TOWN OR LOCATION OF DEATH TOWSON 9c. COUNTY OF D Balt:										altin	nore	
Pages	DIRECTOR	MD	10b. COUNT	Υ		10c. CITY, TOWN OR LOCATION BALTIMORE								Dd. INSIDE CITY LIMITS? (X) YES 2 \(\sum \) NO
sit permit.	RAL	2500 W. BE	el vene	א פונא פו	O. O. O. O. O. O. O. O. O. O. O. O. O. O			10f. 2	ZIP CODE					AT COUNTRY?
020 physician. burial-transit	FUNER	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. AR	MED			21215 NOENT OF HISPAI	NIC ORIGI				- American Indian,
21215-0020 al or attending physician. for use as the burial-tran	ВУ	1 Never Married 2 3		FORCES? 1 FYES, GIVE WAF	R OR DATES	¥0			Hy Cuben, Mexical Specific		Ricen, etc.)		Specify:	WHITE
E 8 5	ETED	(Specify only	DENT'S EDU	completed)	16a. DE (G	CEDENT'S I	USUAL OCCI ork done duri	PATION ng most	of working	16	b. KIND OF BUS	HNESS/INDU	STRY	
	COMPLI	Elementary/Secondary (C	-12)	College (1-4 or 5+)		SALES					HEC	HT CO	•	
YLAND by the hospit be detached at once.		17. FATHER'S NAME (First, M	iddie, Last) RWEIT.	7ΜΔΝΙ					16. MOTHER'S NA					
MAR: retained to 5 should notified	TO BE	19a. INFORMANT'S NAME (1		ZITIAN	19	b. MAILING	ADDRESS (S	treat end	REBE		ABRAHAI	-	Code)	
e e e	F	MR WILLIAM						_	RD. OWI	_				
FOR e 6 ma ector, p		20a MSTHOO OF DISPOSIT 1 A Burial 2 Crematic 4 Donation 5 Disposition	n 3 🗆 Rem	noval from State	20b. PLACE	RESST	VE CEBE	NEF	IT & SI	CK 1		CATION — CI		STOWN, MD
ALTIM death. Page thereal direc sxaminer m		\$1, SIGNATURE OF FUR.	L SERVICE C	This said			22. NA	ME AND	ADDRESS OF FA	CILITY				
BA rs after des n by the fu removal.	_	SP DAUT Fotor the d		confilentians that		-th D	6	010	REISTE	RSTO	WN RD.	BALT	O.,MD	
within 24 hou npletely filled li cremation, or vent, the me		PART I. Enter the d shock, or IMMEDIATE CAUSE (Fir disease or condition resulting in death)		a. Meta										Approximate interval Between Onset and Death
BOX 68 ficate be execu- physician and ne prior to burner traumation	CERTIFICATION	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events	diate NG ry	С.	PR AS A CONSE									
G E E	EH	resulting in death) LAS		d,					···					ļ
RECORDS requires that the d een signed by the of Health and Mer	MEDICAL	PART II. Other significa	nt condition	ns contributing to de	eath but not r	esulting in	the unde	rlying	cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	An CC	ALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
N: The law ficate has b State Dept Item 23	CIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				26. PLA	CE OF DEATH (Ch	eck only o	ne)			
OF VITAL HYSICIAN: The law his certificate has with the State Dep ked, or item 23	PHYSICIAN:	1 TYES 2 THO 27. MANNER OF DEATH		1 Inpetient 2 E			_	Home	5 Residence		or (Specify) SCRIBE HOW II	Hosp:		
	BY PI	1 Netural 5 🗌 2 🔲 Accident	Pending investigation	(Month, Day,	Year)	INJL	M .	WOR	S 2 NO					
DIVISION OR ATTENDING F DIRECTOR: After Focus after death	ETED		Could not be determined	28e. PLACE OF I building, etc	injury — At ho c. (Specify)	me, farm, st	reet, factory	office			CATION (Street a or Town, State)	nd Number o	r Rurel Rou	te Number,
	COMPLI	one) 2 MEDI	CAL EXAMINE	ICIAN: To the best of m										nd manner as stated.
PRI	TO BE	296. SIGNATURE AND TITLE	ax	I Celey	Laro	les	0		D 27			29d. DATE	SIGNED (M	1-92
		Carla S. A						osp	ice - D	ulan	ey Val	ley Ro	dTo	wson 21204
3		31. DATE FILED (Month, Day, OCT 281)	Year)	32. REGISTRAN	S SIGNATURE						_	_		



BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in-by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

52	-510											99))	9926
	FOR STATE REGISTRAR	23 PART	STATE OF I	MEO G-692 Waryland / Ci	DEPAR BRTIF	9/92 TMEN	reb T OF H	EALTH	AND I	MENTAL	HYGIEN REG. NO	E	- C-	2260
	1. DECEDENT'S NAME (First, M	Widdle, Last)				100	L 0.	DLA.	14	2. DATE O	F DEATH			3. TIME OF DEATH
- 3	ASHLEY	N	ICOLE				BARI	VES		1.0	2	6	92	5:29 P.M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDE	R 1 YEAR	IF UNDER		7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign
	214-35-6099	1 M 2 X F		YRS.	MONTHS 8	DAYS	HOURS	MIN,	FEB.	Day, Year)	92	MARY	ZLAND	
_	9a. FACILITY NAME (If not instit			9b. CIT	Y, TOWN C	R LOCATE	ON OF DE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NTY OF D			
DIRECTOR	JOHNS HOPK	HOSPITA	L		BA	LTIN	10RE	CI	TY_					
H	10e. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
	MARYLAND	BAL	TIMORE]	BALT	[MOR]	E				1 TES ZE NO
₹	10s. STREET AND NUMBER						101	ZIP CODE	E			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	1025 CIRCLE	DRIVE							1227				U.S.	
B	11. MARITAL STATUS 1 Nover Married 2 M 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AR YES 2 THE	IMED NO			ecify Cuba	n, Mexica	HC ORIGIN? n, Puerto Ric		s or No—		American Indian, , White, etc.
COMPLETED	15. DECED (Specify only h	DENT'S EDUC highest grade (CATION completed)	/G	CEDENT'S	work done	during mo	N st of worldr	19	16b, K	IND OF BU	SINESS/INC	DUSTRY	
3	Elementary/Secondary (0-12	2)	College (1-4 or 5		. Do NOT us	e retired.)				1				
M	N/A 17. FATHER'S NAME (First, Midd	dla (ant)				N/A						N/A		
	RICHARD D.		2.5							ME (First, Mid LIE D.				
H	19a. INFORMANT'S NAME (Type		10	19	b. MAILING	ADDRES	S /Street a			Route Number			Codel	
유	RICHARD D.	BARNE	S							BALTI				27
	20a. METHOD OF DISPOSITION			20b. PLACE	ANDDATE	OF OISPO	SITION (Na	me of		DATE	_	CATION —		
	4 Donation 5 Other (S)	ipecify)	oval from State	LOUDO	N PAR	ther place RK CI	EMET	ERY		10/29		BALTI	MORE	
	21. SIGNATURE OF FUNERAL S	SERVICE LICE	ENSEE ///	,		H		RD FU	JNER	AL HON				
_	11. 11	paj	ap	nav		4	107 V	VILKE	ENS A	AVENUE	E-BAL	TIMOF	RE, M	ID 21229
												Approximate Interval Between		
	iMMEDIATE CAUSE (Final disease or condition	fic.	DDEMA	CHO TOWN HITT		01.704	TTONG							Onset and Death
	resulting in death)			(OR AS A CONSE			LIUNS							
_		_	DOE TO	(OH AS A CONSE	DOENCE U	r-):								
CERTIFICATION	Sequentially list condition if any, leading to immedia		DUE TO	(OR AS A CONSE	QUENCE OF	F):								<u> </u>
8	cause. Enter UNDERLYING CAUSE (Disease or injury	G												
E	that initiated events		DUE TO	(DR AS A CONSE	DUENCE OF	F):								
Ä	resulting in death) LAST		ı											
	PART II. Other significant	condition	contributing to	death but not r	resulting i	in the u	nderlying	cause (given in	Part i. 2	4s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										- 1.	PERFO	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
										_	X.			OF DEATH?
ž										_				
₹ I	25. WAS CASE REFERRED TO 1 EXAMINER?	MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only one)				
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nu		6 5 🗆 Re	aldence	8 Other (Specify)			
27. MANNER DF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 10. INJURY AT WORK?														
BY	1 Natural 5 Pe 2 Accident	ending vestigation				M		'ES 2 [NO					
ED									oute Number,					
4 Homicide determined City or lown, State)														
ш														
APLE			CIAN: To the best of											
COMPLE	(Check only) and manner as stated,
BE COMPLET	(Check only	AL EXAMINER	R: On the basis of a					eath occur	ed at the	time, dats ar		29d, DAT	e cause(s)) and manner as stated, (Month, Day, Year) 7 - 1992

Street, Baltimore,

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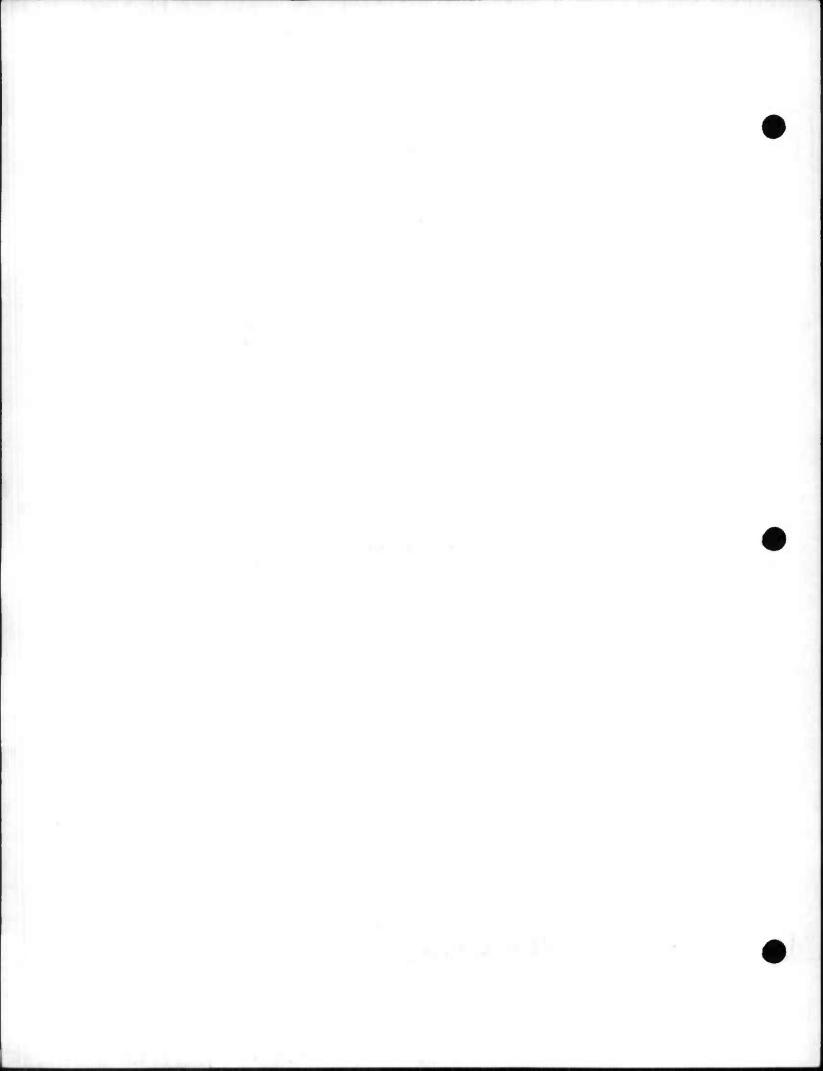
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OCT 28 1992

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

21201



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M. J. MININSOFN, M.D.

31. DATE FILED (MONTH, Day, Year)

OCT 28 1992 July Da

July Day don Mandele

D, BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be intained by the hospital or attending physician.	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages A hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m. II item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	CIAN: The law requires that the death certificate be executed	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi The hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or item 23 shows any injury, or other traumatic e
DIVISION OF	PINE OR ATTENDING PHYSIC	ERAL DIRECTOR: After this ce	ff. III Item 28 Is marked,

1, 2, 3 should

REGISTRAR			CERTIF	RTMENT						E -/	6 (29927
1. DECEDENT'S NAME (First, Middle, Last)		DOW.		ICATE	UF	DEA	in_	2. DATE OF	DEATH	7000	YEAR	3. TIME OF DEATH 9:05 a
DONALD 4. SOCIAL SECURITY NUMBER	5. SEX						- DOMEST	10-21-1992 YEAR				
197-26-9793	1 M 2 D F	6. AUE	(In yrs. lest birthdey) 59 YRS.	IF UNDER MONTHS	DAYS	HOURS	MIN.	7. DATE OF (Month, D. 0 2 - 0 7	ev. Years	33	Country	PLACE (State or Foreign) SYLVANIA
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE	EATH		9c. COU	INTY OF DE	ATH
GREATER BALTIN	ORE MET	TCA	L CENTE	R	,	rows	ON			BZ	LTI	MORE
RESIDENCE OF DECEDENT												
	E	PARKVILLE									10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER	101. ZIP CODE						10g. CIT		HAT COUNTRY?			
2951 NORTHWIND	ROAD					2123	34				USA	
11. MARITAL STATUS	12. WAS DECEDER	IT EVER II	N U.S. ARMED	13, 1	WAS DEC	ENDENT (OF HISPAN	VIC ORIGIN? (S	Specify Ver	or No-		- American Indian
1 Never Married 2 K Married	FORCES?				f yes, sp	ecity Cubi	ın, Mexica	n, Puerto Rica				- American Indian, White, etc.
3 Widowed 4 Divorced	1	on D	ATES		∏ rea	5 XWO	Specin	γ:			Specify	$^{\prime\prime}$ WHITE
15. DECEOENT'S ED	UCATION		16a. DECEDENT'S	S USUAL OC	CUPATIO)N		18b. Kil	ND OF BU	SINESS/IN	DUSTRY	
(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done o	during mo	st of world	ng			IIIESGINI	- C - C - C - C - C - C - C - C - C - C	
12	4	"	Electr	Ical	End	linea		De	fens	e		
17. FATHER'S NAME (First, Middle, Last)								ME (First, Midd	tin Malria-	Sumama	_	
RUSSELL BOW	aea							BETH	Hei	-		
19a. INFORMANT'S NAME (Type/Print)	116311		405 444 1144									
Family Records			190. MAILING	G ADDRESS	(Street a	nd Numbe	r or Runal i	Route Number,	City or Tow	n, Stete, Zi	p Code)	
											_	
20e, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of pemetery, crematory or other place) 20c. LOCATION — City or Town, State							rn, State					
4 Donation 5 Other (Specify)		- IPa	RKWOOD	Cem	eter	γ		10/24/4	PAI	RKVI	le M	19
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			22. (NAME AN	ID ADDRE	SS OF FA	CILITY				
►(420, +100()	The process			EV	ANS	Cha	pel o	Rd B	DOTIE	25	1 -01	22()
22 PART I Enter the diseases of	7		44.									
23. PART i. Enter the diseases, or shock, or heart failure.	List only one car	use on e	ech iine.	not enter	the mo	de of dy	ing, suc	h aa cerdiad	or reap	ratory ar	rest,	Approximate interval Between
IMMEDIATE CAUSE (Final	CAPDIC	Onset and Deeth										
disease or condition resulting in death)	a.	GEN	TC Shot									HOURS
	DUE TO (OR AS A CONSEQUENCE OF): INFERIOR WALL MYOCARDIAL INFARCTION								4 Hours			
Segmentially that acadesian	LNFERI	LOR	WALL M.	YOCA.	RDI.	AL -	LIVEA	RCTI) [V			4 HOURS
Sequentielly list conditions, if any, leading to immediate	DUE TO	(OR AS A	CONSEQUENCE O	OF):								
cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
that initiated events	DUE TO	(OR AS A	CONSEQUENCE O	OF):								
resulting in death) LAST	d											
DADT II Other significant condition												
PART II. Other aignificant condition DIABETES MED	$\Gamma LITUS$	deeth D	ut not resulting	In the un	derlying	cause	given in	Part I. 24	a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
								1	YES 2	DANO		COMPLETION OF CAUSE OF DEATH?
								_	/		- 1	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF D	EATH (Ch	eck only one)				
1 YES 2 NO	HOSPITAL:	☐ ER/Outp	entient 3 DOA	OTHER		5 ∏ B	eddence	6 Other (S)	naciful			
27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. Til	ME OF	28c. INJ	URY AT		28d. DESCRI		NJURY OC	CUREO	
1 Netural 5 Pending	(Month, E	Jay, Ybar)	IN	JURY M		RK? 'ES 2	□ NO					
Accident Investigation 3 Suicide S Could not be	28e. PLACE [F INJURY	— At home, term	street facts				201 LOCATIO	OM /Street 6	and Mumba	or Dural D	uda Musebar
3 Suicide 8 Could not be determined 286. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Rown, State)									rund municipal,			
20. CERTIFIED 1 -												
29s. CERTIFIER 1 CERTIFYING PHYS	BICIAN: To the best of											
	one) 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(s) and manner as stated.									d dus to ti	he cause(s)	and manner as stated.
	En. On the basis of t											
	-			_		29c, LICI	ENSE NUR	/BER		29d, DAT	E SIGNED	(Month, Dev. Mart
one) 2 MEDICAL EXAMIN	-					29c, LICI	ENSE NUM	IBER P 04		29d. DAT	E SIGNED	(Month, Day, Year)
one) 2 MEDICAL EXAMIN	A LATER CAN	SE OF DE	ATH OTEM 275 /See	Proses		P	3112	89		1	e SIGNED	(Month, Day, Year)

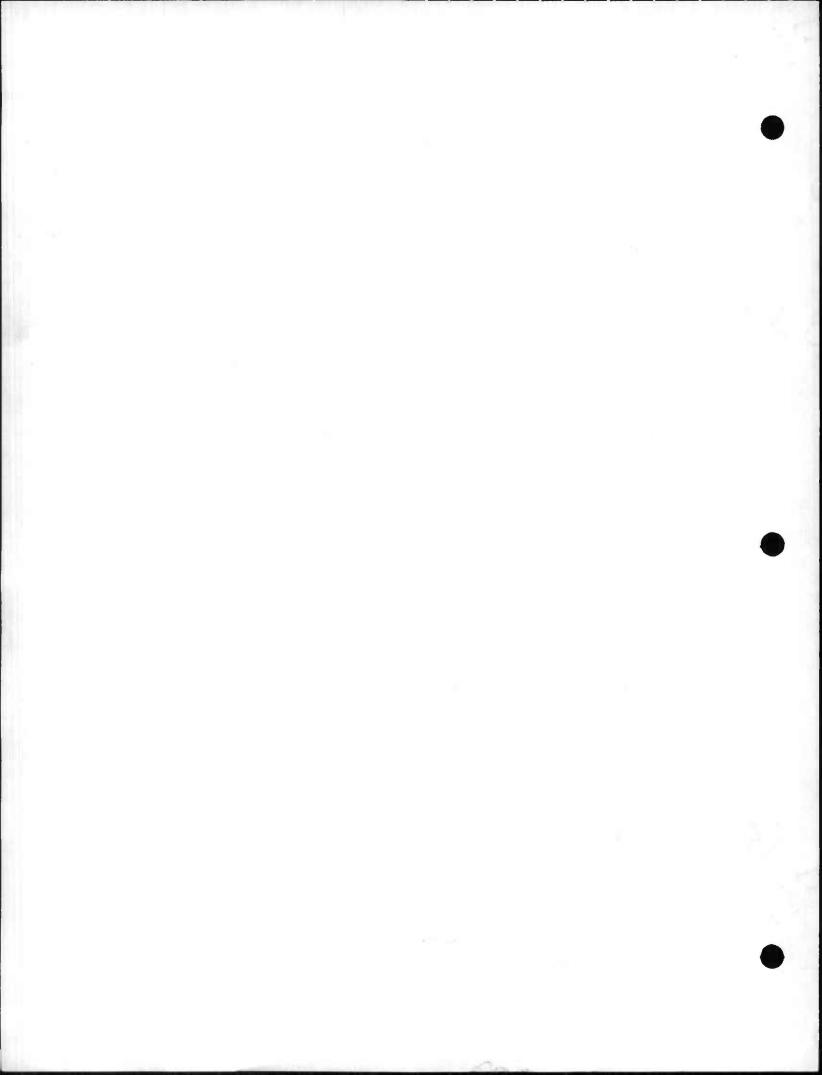
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LTIMORE, MARYLAND 21215-0020	Once & married
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DIMISION OF VITAL RECORDS. P.O. BOX 68760.

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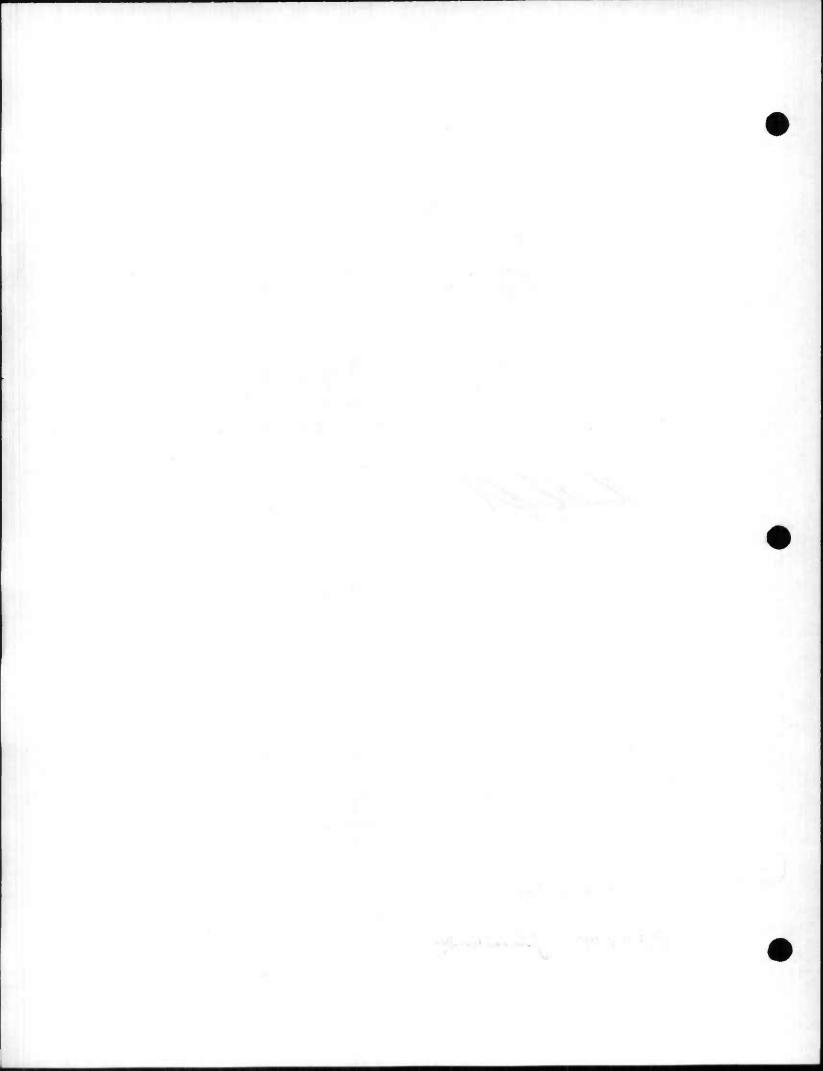
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND DEATH		HYGIENE REG. NO.			_
	1. DECEDENT'S NAME (First, Middle, Last)	80 A. B.L.	owzaos	18-H	J.R	2. DATE OF MONTH	DEATH DAY	190D	3. TIME OF DEATH	f
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	BIRTH Day, Year)	8. B	IRTHPLACE (State or Fore	nign
TOR	98. FACILITY NAME (II not institution, give	^	VE	b. CITY, TOWN C	R LOCATION OF D	EATH		BAL BAL	OF DEATH	_
DIRECTOR	100. STATE 100. COUNT	Mimore	10c. CITY,	TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 A	10
FUNERAL		0.21 0002							S.A.	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexico 200 NO Specif	r No— 14. RACE — American Indian, Black, White, etc. Specify:				
ETED	15. DECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S US (Give kind of wor life. Do NOT use in	k done during mo	ON st of working	16b. K	IND OF BUSI	NESS/INDUSTR	The	
COMPL	17. FATHER'S NAME (First, Middle, Lest)	4yrs.	Acoun	TACT	18. MOTHER'S NA	LME (First, Mid	die, Meiden Si		Anacin	25
TO BE	19a, INFORMANT'S NAME (Type/Print)	BLOODS		DDRESS (Street a	nd Number or Rural		City or Town,	State, Zip Code	R	
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State CAR	D. PLACE AND DATE OF netary, crematory or other			DATE 10-2		ATION — City o	0 1	_
	21. SIGNATURE OF FUREFALL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY EVANS CHARLY F LHIMS 23. PART I. Enter the diseases, or complications that bused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
AL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other aignificant condition	n Pert I. 24e. WAS AN AUTOPSY PERFORMED? 1 ☐ YES 2 M NO		ED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:		THER:	ACE OF DEATH (Ch					_
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ	RK?		-	IURY OCCURE	0	_
TED BY	2						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED		ICIAN: To the best of my know							se(s) and manner as ste	led
O BE CO	296. SIGNATURE AND VITLE OF CERTIFIE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day 29d. DATE SIGNED (Month, Day								
1	30. NAME AND ADDRESS OF PERSON WAS	32 REGISTRAR'S SIGN	natur	int)	101 No	RTH	CHA	3/82	STRUT	



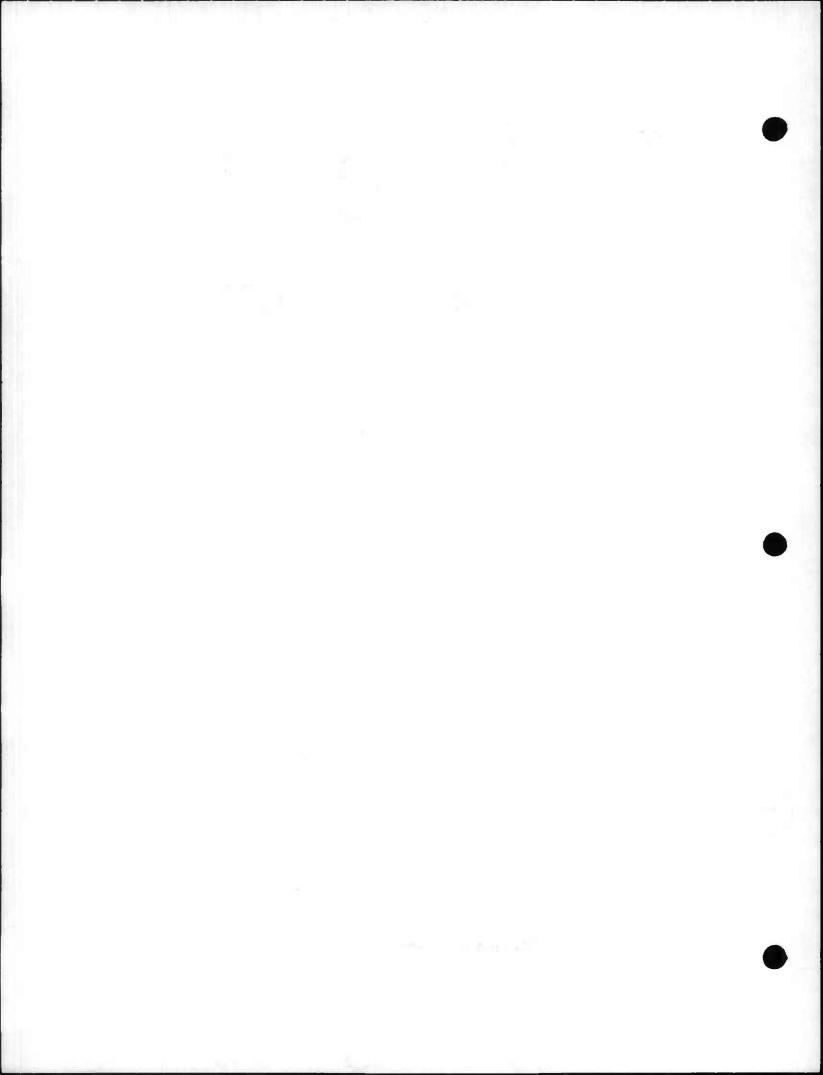
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REC	N: The law requires that the death certificate be ex
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I OF VITAL RECORDS, P.O. BOX	PHYSICIAN:
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DIVISION	ENDING
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	1 - FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / DE	PARTMEI TIFICAT	NT OF I	HEALTH DEA	AND M	IENTAL HYGIE		92	29929
	1. DECEDENT'S NAME (First, MICE	die, Last)	AS ELINOR U. BERGHOFF						A	DAY	YEAR 92	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER		5. SEX	7 /	yrs. last birti	hday) IF UNC	DER 1 YEAR	IF UNDE	R 24 HRS.				HPLACE (State or Foreign
	~215-10-6529 1□M			8	/ Y	RS. MONTH	DAYS	HOURS	MIN.	(Month, Dey, Year),	11	Coun	try)
	9a. FACILITY NAME (If not institution, give street and number)					9b. CI	TY, TOWN	OR LOCAT	ION OF DEA		9c. COL	UNTY OF	PEATN
OR	CARDINAL Sh	Ehn	W CE	NIE	ER		T	Dies	501	2			IMORE
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY					OTT PAUL					1.0	, ,	
DIRECTOR	Maryland Baltimore				10	c. CITY, TOWN		TION					10d. INSIOE CITY LIMITS?
-	10e. STREET AND NUMBER						10	1. ZIP COD	F		100 CI	TIZEN OF	1 YES 2 NO
FUNERAL	2300 Dulaney Valley Rd.								1204			.S.A	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN L	J.S. ARMED	1	3. WAS DEC	CENDENT (OF NISPANIC	C ORIGIN? (Specify Y	s or No-	14. RAC	E American Indian.
BY F	1 Never Married 2 Marr 3 K Widowed 4 Divorced		FORCES? 1 IF YES, GIVE V				It yea, ap	ecify Cubi	nn, Maxican, Specify:	Puerte Rican, atc.)		Blac Spec	ik, White, atc.
ED B	15. DECEDER		247.04									Wh	ite
ETE	(Specify only high	hest grade	completed)		(Give kir	ENT'S USUAL nd of work don NOT use retired	e durina ma	ON ost of working	ng	16b. KIND OF BI	JSINESS/IN	DUSTRY	
PLE	Elementary/Secondary (0-12)		College (1-4 or 5+) 2 yrs			memake	,			Own	Home		
COMPL	17. FATHER'S NAME (First, Middle,	Last)						16. MOT	NER'S NAM	E (First, Middle, Malde	Sumamal		
BE C	Bartus		Us	silto	n			1		T. Cust			
TO B	19a. INFORMANT'S NAME (Type/P	rint)			19b. MA	ILING ADDRE	SS (Street a			ute Number, City or To	-	o Code)	
=	Elizabeth H.	Kne.	11		715	Maide	en Ch	oice	Lane	Apt. 42	3 Bal	timo	re, Md. 21228
	20s. METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Removal from State					EAND DATE OF DISPOSITION (Name of periodic) Part Part Part Part Part Part Part Part						own, State	
	4 Donation 5 Other (Spec	cify)		Nev	w Cat	hedra	60	me te	ry	10-27 Ba	ltimo	re,	Md.
	21. SIGNATURE OF FUNERAL HEI	RVICE LIC	ENSEE	1					SS OF FACIL	LITY			
	Made	11	1				050	York	Rd	neral Hon	MA 2	1204	
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, for any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST List only one cause on asch line. Approximate interval Batween Onset and Death Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
4	PART II. Other algnificent co	onditions	contributing to	deeth but	not result	ting in the u	ınderiyin	cause (given in Pa	ert I. 24a. WAS AF	AUTOPSY	246	. WERE AUTOPSY FINDINGS
MEDICA										PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME										_ 1 □ YES	Z [] NO		OF DEATH? 1 YES 2 NO
ž													
PHYSICIAN:	25. WAS CASE REFERRED TO MEI EXAMINER?	DICAL	HOSPITAL:					ACE OF D	EATH (Check	k only one)			
YSI	1 TES 2 NO		1 Inpatient 2		ent 3 🗆 D	OA 4 IN		ø 5 □ Re	sidence 8	Other (Specify)			123
	27. MANNER OF DEATH 1 Neturel 5 Pendi	ion.	28a. DATE OF (Month, Da		28b	TIME OF	28c. INJ WO	URY AT RK?	2	8d. DESCRIBE HOW	NJURY OC	CURED	
è l	2 Accident Invest	ligation	A1- DI 105 A1			М		ES 2	NO				
E	3 Suicide 8 Could 4 Homicide determ	not be	28a. PLACE Of building,	ntc. (Specify)	At home, te	erm, street, fa	ctory, office		2	tal. LOCATION (Street City or Town, State	and Number	or Rural F	Route Number,
	29a, CERTIFIER												
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of sxaminetion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
BE	Carl	a	146	001	10	10 -0 1	10		-	alle .			(Month, Day, Year)
5	30. NAME AND ADDRESS OF PER	SON WHO	COMPLETED CAUS	E OF DEATH	H (ITEM 27)	(Type, Print)	14	/ !	1 4-7	0 0 7	/	0 2	
	CARLA A	LEY	ANDER	mi	D	2300	D	ils	HEY	1087 UH14	RD	2	1204
	UC7 2 8 19	92	32 REGISTRA	SIGNAT	andell	o o			7				



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H			IYGIENE IEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	C. E	BOON	2)		2. DATE OF MONTH	27-9	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-16-2771	1 № 2 □ F 7.	In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MM.	7. DATE OF E		i. BiftthPlace (State or Foreign Country) Maryland	
TOR	9a. FACILITY NAME (If not institution, give st 1514 Asquith Stre RESIDENCE OF DECEDENT	r		Balti	MOTE	EATH	9c. COUNT	Y OF DEATH	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	more Cit	-y		10d. INSIDE CITY LIMITS7 1 ☑ YES 2 ☐ NO	
FUNERAL	100. STREET AND NUMBER 1514 Asquith St	reet		101.	21202	2		EN OF WHAT COUNTRY?	
B√	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		ENDENT OF HISPAI ecity Cuban, Mexica 2 (XNO Specif	n, Puerto Ricer		4. RACE — American Indian, Black, White, etc. Specify: Black	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of vi life. Do NOT us	usual occupation ork done during mose retired.)	ID OF BUSINESS/INDU				
ш	17. FATHER'S NAME (First, Middle, Last) Walter Boone	·			18. MOTHER'S NA Lena Bu		e, Meiden Surneme)		
TO B	19a. INFORMANT'S NAME (Type/Print) Zellnora Boone		2702	East Fed	deral St		Olty or Town, State, Zip Co, MD. 212		
	20a. METHOD OF DISPOSITION 1 Strict 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 1. BIGHATURE OF FUNERAL SERVICE LICE	oval from State	PLACE AND DATE OF	her place)	D ADDRESS OF FA		Bklyn, Mc		
	* goseph	-, Ru	n	Joseph 2222 v	n L. Rus W. North	s Fune Ave.	ral Home Balto, MD		
CERTIFICATION	23. PART 1. True the diseases, pr complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, mock, or heart failure. List only one ceuse on each line. MADIGARY PROCHEMOCY TO AND CY TO CONSEQUENCE OF): Approximate Interval Between Onset and Dest Onset a								
MEDICAL	PART II. Other significent conditions	contributing to deeth be	ut not resulting i	n the underlying	ceuse given in		NAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Output	2 [200	OTHER:	ACE OF DEATH (Ch				
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	26s. DATE OF INJURY (Morith, Day, Year)	28b. TIMI	OF 28c. INJU			BE HOW INJURY OCCU	RED	
ETED BY	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)				281. LOCATIDN (Street and Number or Rural Route Number, City or Town, State)		
COMPLE		CIAN: To the best of my knowles: On the basis of sxamination						I. ceuse(s) and manner as stated,	
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER A. KALLY	M.D.			29c LICENSE NUI	ABER	29d. DATE :	SIGNEO (Month, Oay, Year)	
	Alan Krasner	COMPLETED CAUSE OF DEA	NTH (ITEM 27) (Type,	Fe St 6	Blalack	904!	Baltima	e MO	
1	31. DATE FILEO (Month, Day, Year) OCT 2 8 1992	genie bevident-	A THE REAL PROPERTY.						



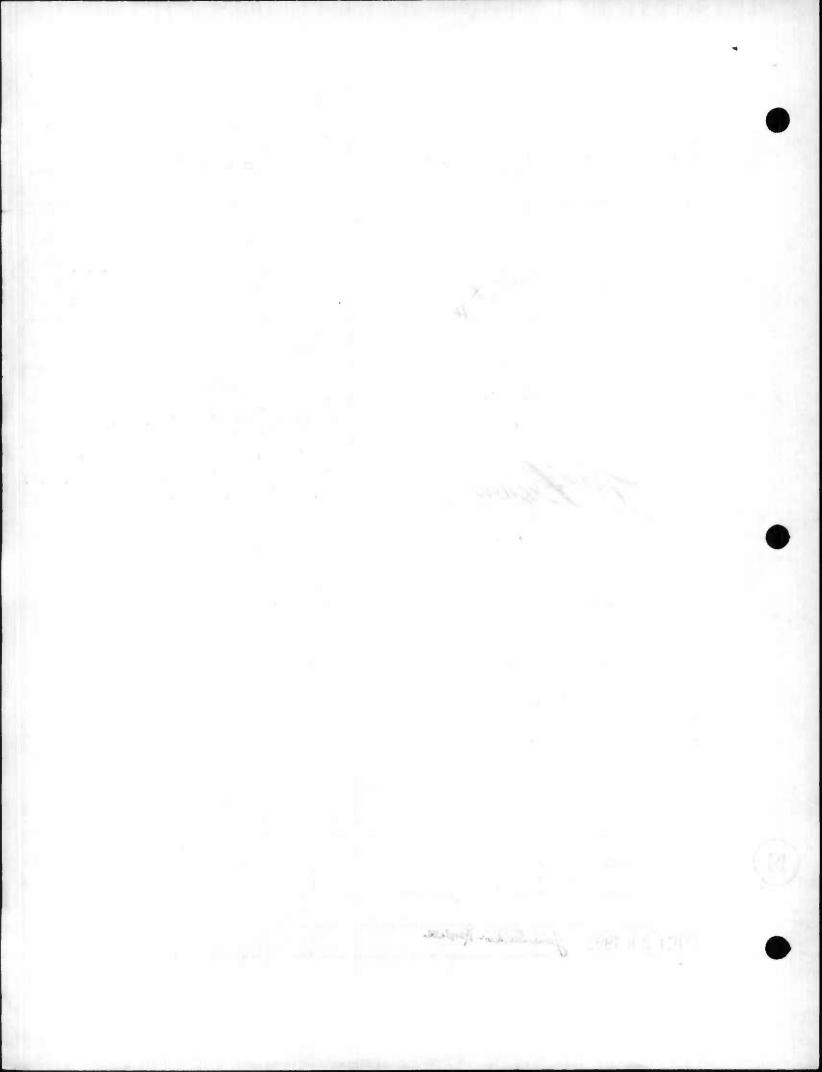
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IN THE PROPERTY OF A LENDING PRIZICIAN: THE ISW REQUIRES THAT THE DESCRIPTION OF THE PROPERTY	REC	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First)	Middle, Lest)							1	2. DATE OF DEATH			3. TIME OF DEATH	
. 1	Lawrence	2	Bant	20						10 25 92 6:10			6:10 84	
	4. SOCIAL SECURITY NUME	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign				
	2252473	145	1 KM 2 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	5-3-28	}	Country)		
	9a. FACILITY NAME (# not in		9b. CITY	, TOWN	R LOCATI	ON OF DE			TY OF DE	ATH				
DIRECTOR	Bon Secou			Balt	imor	е								
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY													
E	Maryland	10b. COUNTY			10c. CIT	Y, TOWN	Ttim	ore					10d. INSIDE CITY LIMITS?	
	10a, STREET AND NUMBER				<u></u>								1X YES 2 NO	
FUNERAL	740 Poplar	Gnovo	An+ 21		101. ZIP (. ZIP COO	€ 212.	1.0	10g. CITI		HAT COUNTRY?	
N.	11. MARITAL STATUS	drove		T EYER IN U.S. AR									I.S.A.	
	1 Never Married 2 🔀	Married	FORCES? 1	YES ?			If yes, sp	ecify Cube	n. Mexicar	C ORIGIN? (Specify Yes i, Puerto Ricari, etc.)	or No-	Slack,	- American Indian, White, atc.	
B	3 Widowed 4 Divo	rced	IF YES, GIVE Y	11-			XYES	2 X NO	Specify:			Specify	Black	
COMPLETED		EDENT'S EDUC		16a. DE	CEDENT'S	USUAL O	CCUPATIO)N		16b. KIND OF BUS	SINESS/IND	USTRY		
	Elementary/Secondary (6		College (1-4 or 5	- Man	Do NOT u	se retired.)			-					
MP					Chauffer									
8	17. FATHER'S NAME (First, M							18. MOT	HER'S NAM	ME (First, Middle, Maiden				
BE			John Wm.							Daisey			11	
2	19a. INFORMANT'S NAME (7		. D D							oute Number, City or Town			01016	
			e D. Bai			40 P	-		ove	Apt 2L B				
	20a. METHOD OF DISPOSIT 1 X Burlel 2 Crematic	n 3 🗆 Remo	ovel from State	20b. PLACE : cemetery, cre	AND DATE	OF DISPOS	SITION (No	me of	Com	DATE 20c. LO		ON City or Town, State		
1 X Burisi 2 Cremellon 3 Removel from State cemetery, cremetery, cremetery, or other place) 4 Donation 6 Other (Specify) The bidnature of Funerial Bervice McDate 22 NAME AND ADDRESS OF FACILITY.														
William C. Brown									Comm. F.H.					
_	-///	1	rodu							Ave. Balt			17	
	23. PART /. Erfér-the d shock, or h	iseases, or c eert failure. I	omplications the list only one cau	t caused the de	eth. Do	not enter	the mo	de of dy	ing, such	as cerdisc or respi	ratory arr	est,	Approximate Interval Between	
	MMEDIATE CALISE /Final													
	disease or condition resulting in death)	ted, who vasuely coagulo pathes												
			. 72- 10	lan wall course	CONSEQUENCE OF:									
ON	Sequentially list conditi	DUENCE O		we	my	01	1							
E	If any, leading to imme- cause. Enter UNDERLY	-el	" K.	~		ta	eluze							
CERTIFICATION	CAUSE (Disease or Injuthat initiated events	ry S	DUE/110	(OR AS A CONSEC					1					
E	resulting in death) LAS	T	. Y	VEUM	ON.	MH								
- 21	PART In Other algolitica	nt condition		4										
EDICAL	Delata		cation		/ AA	In the ur	derlyin	cause	given in i	Part I. 24s. WAS AN PERFOR		1	WERE AUTOPSY FINDINGS	
ă	Mypta	40	9//	Char	1	House /			1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?		
Σ	Myocar	may	John	~						_		1	YES 2 NO	
AN	25. WAS CASE REFERRED TO	O MEDICAL					00.04	10F 0F D	PATH COL	ck only one)				
PHYSICIAN:	EXAMINER?		HOSPITAL:	EB/Outpetlant 2	G 004	OTHE	a :							
H	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIN	E OF	28c. INJ	URY AT	esidence (28d. DESCRIBE HOW IF	NJURY OCC	URED		
	and the same of th	Pending Investigation	(Month, D	ay, Year)	IN.	JURY M		RK? 'ES 2] NO				. 2	
D BY	2 Control	Could not be	28e. PLACE O	F INJURY — At ho	me, farm,	street, fact	lory, offic			28f. LOCATION (Street a	nd Number	or Rural Roo	ute Number,	
Ē		determined	building,	etc. (Specify)						City or Town, State)				
٦	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurr	nd at the t	ime, date	and place	and due t	to the cause(s) and man	one on state	vd.		
COMPLETE										ime, date and place, an			and manner as stated.	
- 11	290. SIGNATURE AND TITLE		10/10						ENSE NUM					
B		VX.	Soul				-	1) (75	37	► / l	0-26	Month, Day, Year)	
2	30, NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	, Print)		21	. /	1 4	0 0		0 /0 /0	
	DARSHAI	1, >1	SALUI	A /	600	W.	MOU	NT	Ra	yal Aug	Wall	ilez	e 2 (217)	
	31. DATE FILED (Month, Day,		32 REGISTRA	AS ASHADOR					/				,	
	OCT 2 8 199	IC Ju												

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THE STATE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HINDOW DRETURE Are the contribute has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should when 72 hours death with the State Dept. of Health and Mental Hygiene prior to burial, cremetion, or removal.	TIANT II them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
K	1	HPORT

	1 - STATE REGISTRAR	STATE OF MAI		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.					
	1. DECEMENT'S NAME (First, Middle, Last)	BENNE			2. DATE OF DEATH DAY	YEAR 92 M				
	4. SOCIAL SECURITY NUMBER 213-03-8862-A	5. SEX 8	AĞE (in yrs. lasi birthday) _	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Your) 10/03/1909	South Carolina				
H.	9a. FACILITY NAME (If not institution, give Levindale Nurs			96. CITY, TOWN OR LOCATION OF DI Baltimore Ci		COUNTY OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCATION	10d. INSIDE CITY					
IL DIF	MD. 100. STREET AND NUMBER			Baltimore	10g.	1 TYES 2 NO				
FUNERAL		4110 Fernhill Ave			21215	USA				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 [] IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF NISPAL If yes, specify Cuben, Mexico 1 YES 2 NO Specifi	an, Puerto Rican, etc.)	No- 14. RACE American Indian, Black, White, etc. Specty: BLack				
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of w	DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working le, Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY						
BE COM		nowy	Dierro	0	AME (First, Middle, Maiden Surnar NKNOWN					
2	19a. INFORMANT'S NAME (Type/Print) Ida Brickus			ADDRESS (Street and Number or Aural Fernhill Ave, B						
	20a. METNOD OF DISPOSITION 1∑ Burlal 2 ☐ Cremation 3 ☐ Red 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	20b. PLACE AND DATE	of disposition (Name grother place)	DATE 20c. LOCATIO	N — City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	20/	22. NAME AND ADDRESS OF FA	KCILITY	me D. 21216-3601				
CERTIFICATION	23. PAPT I. Enter the diseases, or ahock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Left DUE TO (OF	on each line.	lamic Infarct lamic Infarct course of: De Heart Failure course of: sidn						
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition	one contributing to de	ath but not resulting l	n the underlying cause given in	1 Part I. 24a. WAS AN AUTO PERFORMED? 1 YES 2 N	AMAILABLE PRIOR TO COMPLETION OF CAUSE				
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:		26, PLACE OF DEATH (C	heck only one)					
	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	28s. DATE OF INJ (Month, Day,	JURY 28b. TIME	4 Nursing Home 5 Residence F. OF 28c. INJURY AT WORK? M 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE NOW INJURY	Y OCCURED				
TED BY	2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined	28s. PLACE OF II	NJURY — Al home, farm, s . (Specify)		281. LOCATION (Street and Nu City or Town, State)	umber or Rural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE (Selia Was	Themes	D		3767 ≥	10/26/9 Z				
	2434 W. B	evelere	OF DEATH (ITEM 27) (Type,	Print) 174 2/24	5					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE							

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DIVISION OF VITAL RECORDS, P.O. BO	The state of the s
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BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician,	TIDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	adical avaminar much he notified of once
ISION OF VITAL RECORDS, P.O. BOX 68760,	ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funera after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	28 is marked or liem 23 shows any injury or other traumatic event the madical assembles must be notified at once

92 29933 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BARC (ALBERT C. BARD) ALBERT 930 PM 2 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 072 -07-72801 M2 OF 77 YRS. 08/17/1 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FRANCIS SCOTT KEY HOSP. BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? USA 6404-C ELRAY DR. 21209 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: BY Specify 3 Widowed 4 Divorced WHITE ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) ge (1-4 or 5+) COMPL LAWYER AT LAW 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) REUBEN BARD KAPLAN IDA 8 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 MRS. FRIEDA BARD 6404-C FLRAY DR. BALTIMORE, MD 21209 20s. METHOD OF DISPOSITION

1 Dental 2 Cremation 3 Removel from State
4 Denation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE COMBALTIMORE PHEBREW 10/3/92 BALTIMORE, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. ulen 6010 REISTERTOWN RD. BALTO., MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) third degree heart block DUE TO (OR AS A CONSEQUENCE DF): Coronary Artery Disease
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Multiple episodes of aspiration preumonia COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO Ventilator dependente PHYSICIAN: with tracheostomer 25. WAS CASE REFERRED TO MEDICAL 16. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER (Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, deta and place, and due to the cause(s) and manner as stated BE 29c. LICENSE NUMBER

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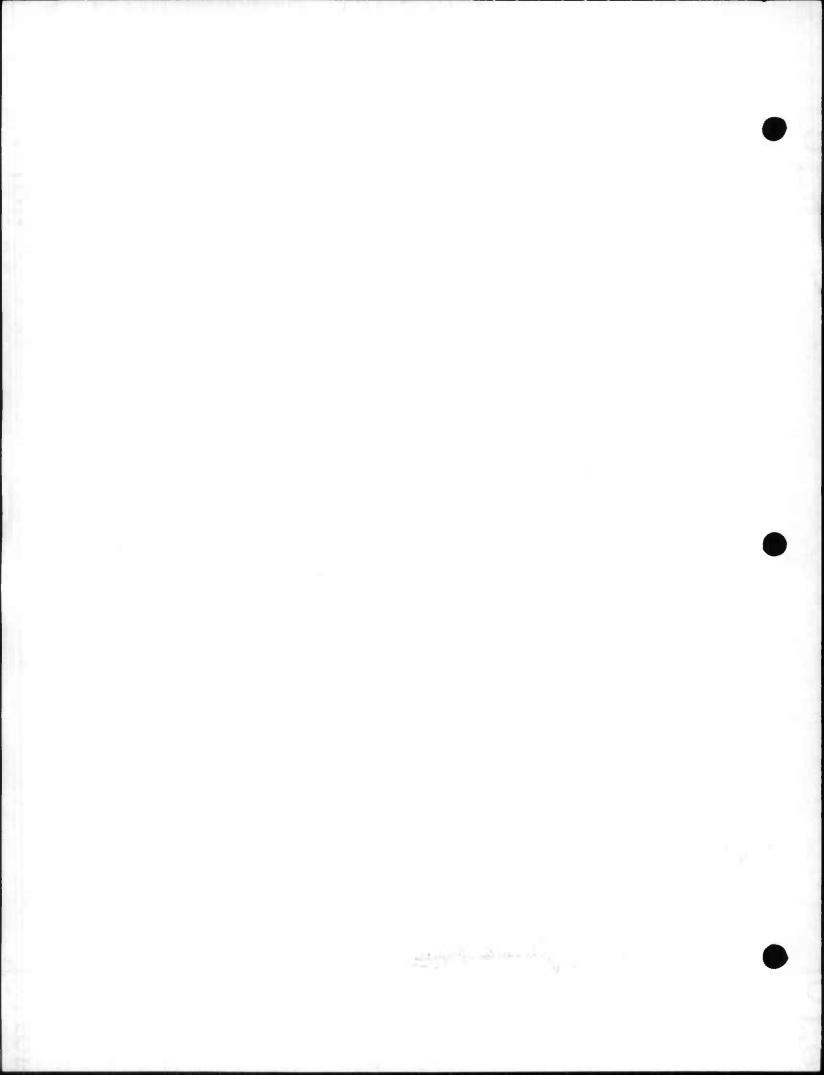
10/19/97

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Francis Stott Kuy Med Ctr 4940 Eastern Ave Baltimore MD2122

DCT 2.8 1992

32. REGISTRAR'S SIGNATURE a Nevidson-Randall



BOY 68760 0 PECOPOS DIVISION OF VITAL

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3	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1992 YEAR 7 pm PA ELIZABETH Oct 24 COLEMAN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 1 | M 2 | F 77 YRS. 217-22-7238 Feb 25 915 South Carolina use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR 2532 Edgecomb Circle North Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2532 Edgecomb Circle North 21215 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1 Never Married 2 Married ΒY 1 YES 2 NO Specify: 3 🕅 Widowed 4 🗌 Divorced B1ack COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) detached for Social Security Admin 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) page 5 should be Ħ Rubin Cohen BE Ola Beilinger notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 2532 <u>Carrie Brooks</u> Edgecomb Circle North Balto, MD å 20e. METHOD OF DISPOSITION
1V Burial 2 Cremation 3 Re
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State director, must Arbutus Memorial Park Baltimore Co, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes inc funeral ath. 2501 Gwynns Falls Parkway Baltimore, MD 21216 n by the fremoval. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one ceuse on each line. Interval Betw ŏ IMMEDIATE CAUSE (Final Onset and Death completely filled ial, cremation, o the disease or condition_ Netastati; months or other traumatic event, resulting in death) parciento DUE TO (OR AS A CONSEQUENCE OF): and com CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate cause. Enter UNDERLYING nding physician Hygiene prior 1 CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atten shows any injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24s. WAS AN AUTOPSY signed by the 1 TES 2 1 TES 2 HO been t. of PHYSICIAN: has b Dept. 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATH (Check only one) certificate I HOSPITAL: OTHER: TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED this with 1 Netural 2 Accident 5 Pending Investiga 1 YES 2 NO BY After 1 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 80 6 Could not be COMPLETED CHERAL DIRECTOR: 4 Homicide IMPORTANT: If Item 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D 35740 10/26/92 2

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

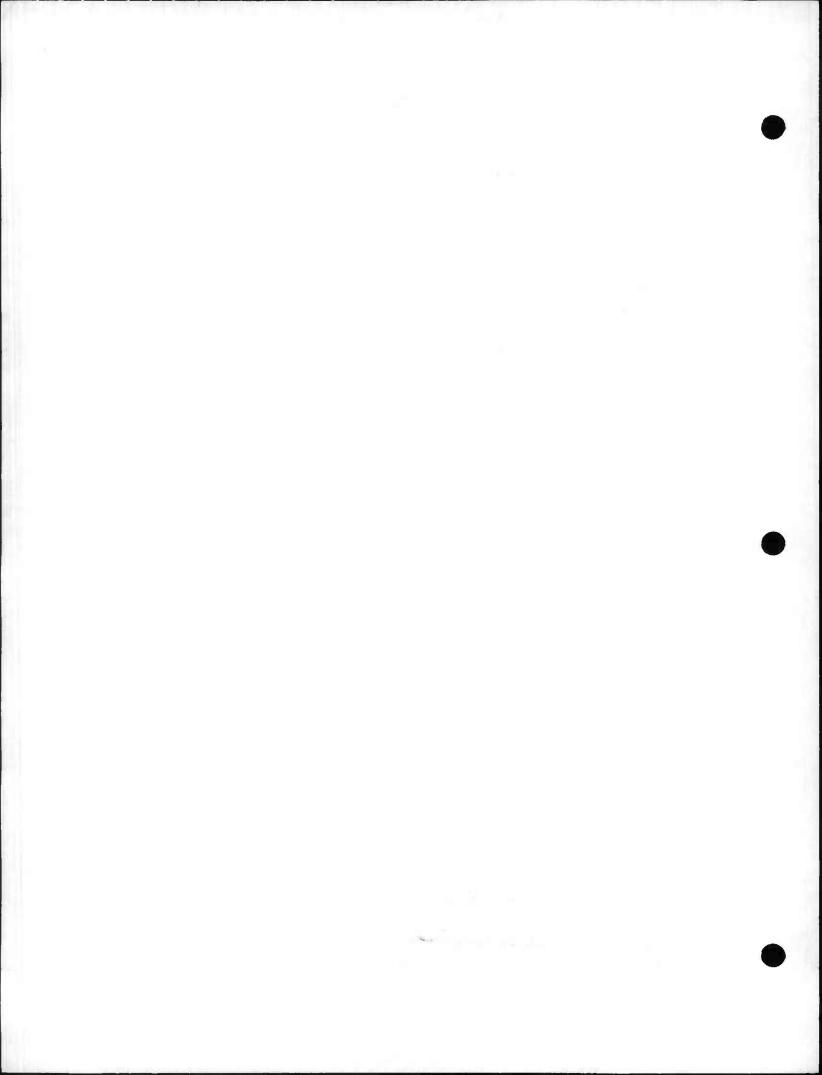
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31. DATE FILED (Month, Day, Year)

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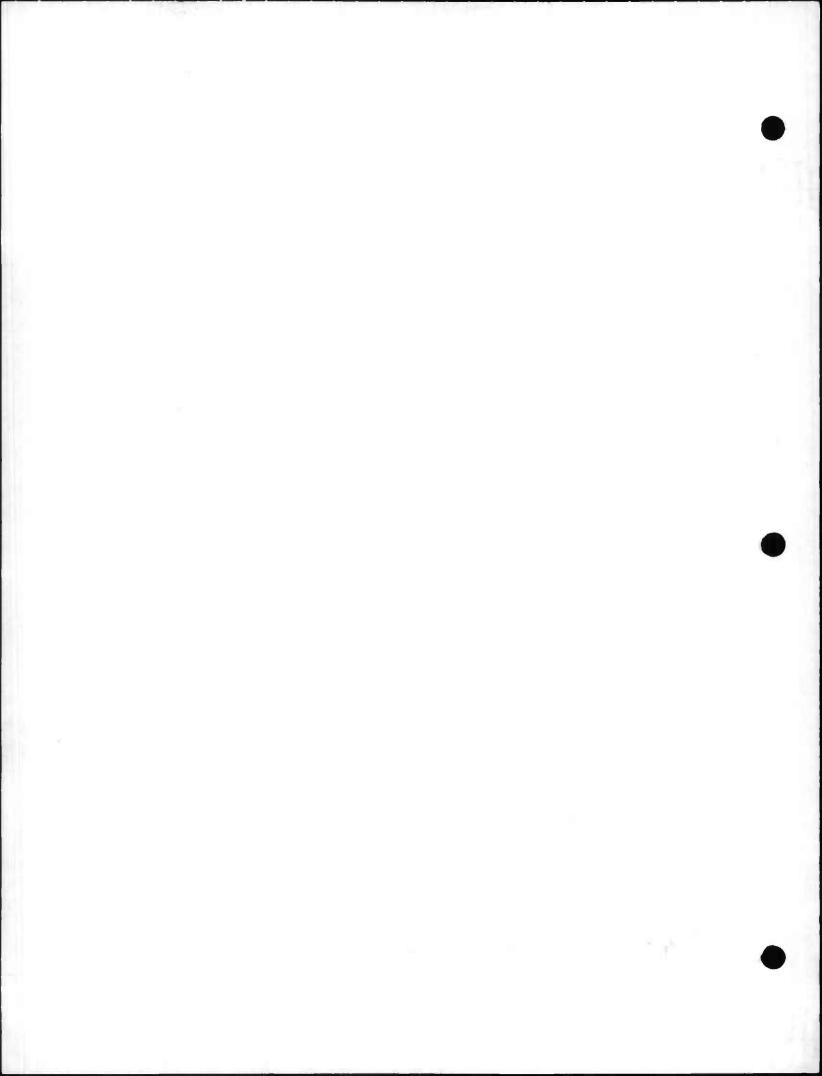
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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

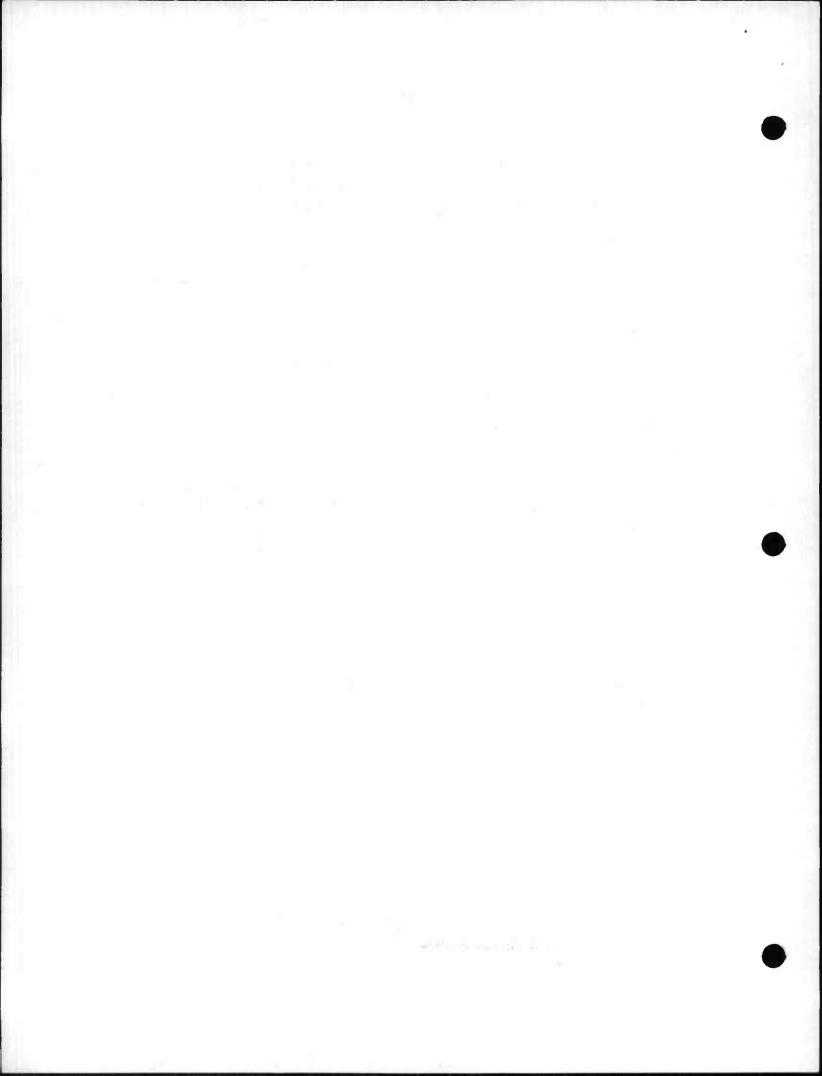
		1. DECEDENT'S NAME (First,	Miririlo I anti			OLITII	IOAII	<u> </u>	DLAI	-	HEG. NO.			
6.5	1	AUDREY V. COVINGTON											3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthde					y) IF UNDER 1 YEAR IF UNDER 24 H/NS.				OCTOBER 25	-	992	11:10PM
		217-20-3618		1 M 2 X F	68	YRS.	MONTHS	DAYS			(Month, Day, Year)	,	Count	(יעי
pino		9e. FACILITY NAME (If not in	stitution, give s	treet and number)	00		9h CIT	y TOWN	OR LOCATIO	W OF DE	SEP 10 19	_	MA1	cyland
3 should	E	ST. AGNES	_	•					TIMOR			Jan 000		CAIT
1. 2.	티티	RESIDENCE OF DEC							ZZIIOK					
9068	DIRECTOR	10a. STATE	10b. COUNTY	Υ		10c. Cl	Y, TOWN	OR LOCA	ATION					10d. INSIDE CITY LIMITS?
a. E		MARYLAND		BALTIMOR	E		I	LANS	DOWNE					1 TES 2 NO
bern	FUNERAL	10e. STREET AND NUMBER						.10	or. ZIP CODE		-	10g. CITI	ZEN OF V	WHAT COUNTRY?
in. ransit	lij l	506 CARLSB.	AD COU							2122	2.7	US	A	
physician. burlal-transit permit. Pages 1,		11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U	I.S. ARMED 2 NO	13.	WAS DE	CENDENT O	F HISPAN	IC ORIGIN? (Specify Yes	or No-	14, RACI	E American Indian, k, White, etc.
	E I	3 Widowed 4 Divo		IF YES, GIVE V					S 2 🔀 NO				Spec	white
or attending r use as the	ED		EDENT'S EDU		1	6a. DECEDENT'S	USUAL C	CCUPAT	ION		16b. KINO OF BUS	RINESS/INC	VISTOV	WILLE
al or after for use	Li	(Specify only Elementary/Secondary (0	highest grade	completed) College (1-4 or 5			work done	during m	ost of working	7	Total Kind of Box	MAC GOVERN	JOSINI	
spital	릴	5th			"	homen	aker							
the hospital detached fo	COMPL	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOTH	ER'S NAJ	ME (First, Middle, Maiden	Surname)		
2 2 E	w	William Ja	ames	GREENFIE	LD				,	Vann	a CURRY			
should be notified at	0 B	19s. INFORMANT'S NAME (7)				19b. MAILING	ADDRES	S (Street			loute Number, City or Town	n, State, Zip	Code)	
	۲	Carl A. Co	ovingt	on		506 0	arls	sbad	Cour	t, B	altimore,	MD	212	27
2 2		20a. METHOD OF DISPOSITE		ovel from State	20b. PI	LACE AND DATE	OF DISPO	SITION /A	lame of		DATE 20c. LO	CATION —	City or To	wn, State
director, p		4 Donation 5 Other	(Specify)		Gle	ery, crematory or on the Haver	Men	ori	al Pa	rk	10-29 G1e	len Burnie, MD		
death. Page funeral direct.		21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE					NO ADDRES			_		
		D Caur	n K	Froher							L HOME INC			
d in by the or removal.		23. PART I. Enter the di	seases, or o	complications that	t caused ti	he death. Do	not enter	r the m	ode of dyl	ng, such	VENUE-BALT	ratory arr	rest,	D 21229 Approximate
		shock, or heart failure. List only one cause on each line.												
		disease or condition	 →	Athe	uen -	- Ooin	ti	1	2011	150	00	di.	00.	40
completely ial, cremat		disease or condition resulting in death) a. Atturasclustic Conditions disease Due TO (OR AS A CONSEQUENCE OF):												
and com o burial,	z			* Hyp	reit	ins	ier	21						_!
e be execute sician and c nrior to buris traumatic	CATION	Sequentially list conditi if any, leading to immed	liate	QUE/TO	(OR AS A C	ONSEQUENCE O	F):					-		
physician ne prior b	2	cause. Enter UNDERLYii CAUSE (Disease or Injur		с										
certificate ding physi lygiene pri	盲	that initiated events resulting in death) LAS1		DUE TO	(OR AS A C	ONSEQUENCE O	F):							
E 5 5	CERTIFIC			d										
Mer d		PART ii. Other significan	nt condition	s contributing to	death but	not resulting	in the u	ndertyir	ng cause g	íven in l	Part I. 24a, WAS AN		24b	. WERE AUTOPSY FINDINGS
that the ed by th and any in	DICAL	Cherrie	0/	estrui	tin	e Pu	ili	ugs	nory	Des	PERFOR	10.8		MAILABLE PRIOR TO COMPLETION OF CAUSE
signed Health We an	<u> </u>								1			Ano		OF DEATH? 1 YES 2 NO
law requias been Dept. of 1	2										_			
he law re has be te Dept.	SIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL				- 17	26. P	LACE OF DE	ATH (Che	ck only one)			
SICIAN: The certificate h the State of them d, or Item	PHYSICI	1 TES 2 NO		HOSPITAL:	ER/Outpati	ent 3 🗆 DOA	OTHE		me 5 🗆 Ber	idence	6 Other (Specify)			*
this cer with th	£	27. MANNER OF BEATH		28a. DATE OF (Month, D		28b. TIR	IE OF JURY		JURY AT ORK?		28d. DESCRIBE HOW II	NJURY OC	CURED	
NG PHYS fler this cash with marked	ВУ	1 Natural 5 1	Pending nvestigation	NI	7		M		YES 2	NO				
R: After der de	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or flown, State)								Poute Number,					
La determined Al A														
29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.														
SPITA NERA NIO 7	296. CERTIFIER (Check only one) 296. CERTIFIER (Check only one) 296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND TITLE OF CERTIFIER									i) and manner as stated,				
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TO THE HOSPIT TO THE FUNER, TO THE WITHIN THE PORTANT.	O B	Glore	ahlo	meer	U	M)			Do	17,	660	110	1/2	6/92
138	2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH	H (ITEM 27) (Type	, Print)		LV C	- / - 4		, ,	1	-//-
1	not the	DR. GLORIA	A DAMI	EM - 724	MAID	EN CHOI	CE I	ANE	- SU	ITE	304 - BALT	CIMOR	E. M	ID. 21228
2		31. DATE FILED (Month, Day, 1	bar)	€ 32. REGISTRA	A'S SIGNATI	URE			20			- 221010		21220
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE INCOME ATTENDING PHYSICIAN. The law requires that the death certificate be executed with	-
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	FOR STATE REGISTRAR	STATE OF MARYI	AND / DEPARTM CERTIFIC			MENTA	L HYGIEI	VE	
	1. DECEDENT'S NAME (First, Middle, Last)	CARI				2. DATE MONT	OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	-92	BIRTHPLACE (State or Foreign
	213-38-897	1 - M 2 - F	YRS.	WITHS DAYS	HOURS MIN,	1/2-	11, Day, Year)	1899 5	HAMOKIN, PA.
TOR	96. FACILITY NAME (If not institution, give ALLASBURG RESIDENCE OF DECEDENT	NURSING	Home "	BALT	OR LOCATION OF D	EATN		BA.	TO, CO,
DIRECTOR	10e. STATE 10b. COUNT	~	10c. CITY, T	OWN OR LOCA	TION AD SO S	_		-	10d. INSIDE CITY
	10e. STREET AND NUMBER	RELIEDA	DE DU	10	f. ZIP CODE	10		10g. CITIZEN	1 PYES 2 NO
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN US ARMED	1 13 WMS DE	CENDENT OF HISPA	NIC OBIGI	MA 1014. W	U	S. A.
BY	1 Newer Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 VES	2 LINO	If yes, sp	pecify Cuben, Mexico 3 2 10 Specif	nn, Puerto	Rican, etc.)	- O NO - 14	RACE — American Hidien, Black, White, etc Specify:
LETED	1s. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during me		161	. KIND OF BU	ISINESS/INDUS	TRY
E COMPLE	17. FATHER'S NAME (First, Middle, Last) WILLI AM	C. Bui	RGET	MINI	18. MOTHER'S NA	ME (First,	Middle, Meider	Surneme)	ED
10 BE	19a. INFORMANT'S NAME (Type/Print)	DECIDAS		DRESS (Street	and Number or Rural	Route Num	iber, City or Tox	vn, State, Zip Co	de)
	20a, MEZHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Rer	round from State 20	b. PLACE AND DATE OF D	DISPOSITION (N	ame of	OAT	130V (OCATION City	or Town, State
	4 Donation 5 Other (Specify)		DUCHNEY	PALL	ey mem	110	27 C	OCKE	YSVICLE, MD.
	· restren	J. Ja	in	EVI	ND ADDRESS OF HA	ZIVI DE	PER.	DCA	BET
	23. PARTAL Eater the diseases or stock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CEREBA	each lina.	culA	/		DEN		, Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):						
MEDICAL	PART II. Other significent condition HRANIC HYPERTEN	HTRIAC				Part I.	24a. WAS AI PERFO 1 PES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PNO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	o	26-PI	LACE OF DEATH (Ch	eck only o	10)		
НХ	1 YES 21 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	28b. TIME O	F 28c. IN.	IURY AT			INJURY OCCUR	ED
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆	YES 2 NO				
COMPLETED	3 Suicide 6 Could not be determined	26a, PLACE OF INJURY butlding, etc. (Spe	Y — At home, farm, stree cify)	et, factory, offic		28f. LOC City	ATION (Street or Town, State	and Number or I	Rural Route Number,
MPLE		ICIAN: To the best of my know							
_	29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of axamination	on and/or investigation, in	n my opinion, d			and place, a		
TO BE	Janeen Va	lehani n	(i)		DVSS	75		► 15	28 19 L
	DR. HAROLI	O COMPLETED CAUSE OF DE	7220 Pris	PAR	K HE	161	175	AVET	/
	OCT 2 8 1992	32 BEGISTRAR'S SIGN	NATURE NO.						



Items 10b,d, per F.H., G-693, 11/2/92 gn

92-29937

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).	
	1. DECEOENT'S NAME (First, Middle, Last) FRANK Fr	ank J. CAI	RTER	Carte	r	2. DATE OF DEATH]	0 25 199	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR		10 d	5 70	Jo Im
	215 01 6719	1 2 M 2 □ F 7		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 04 29	Co	RTNPLACE (State or Foreign Unity) Maryland
	9e. FACILITY NAME (If not institution, give a	atreet and number)		96. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY O	F DEATH
DIRECTOR	Good Samaritan He	ospital		Baltim	ore			
JIRE(Maryland Bal	v timore		y, rown on Local	TION			10d. INSIDE CITY LIMITS?
7	10e. STREET AND NUMBER			1977	I. ZIP CODE			THE 2 NO
FUNERAL	6809 Collinsdale	Rđ.		101	21234		U.S.	F WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify Ye	s or No- 14, R.	ACE American Indian, lack, White, atc.
B₹	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES		ecity Cuben, Mexic 2 NO Speci	an, Puerto Rican, etc.) fy:	.0	pecify: hite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION Work done during mo	ON est of working	18b. KIND OF BU	ISINESS/INDUSTR	
MPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		ental Ca	n Worker	Canne	ery	
Ö	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	AME (First, Middle, Malder	Surname)	
BE (Frank F. Car	rter			Cath	erine	Keller	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or Tox	vn, State, Zip Code)	
2	Catherine L. Car	ter		as lOe				
	20a, METHOD OF DISPOSITION 1 \(\overline{A}\) Burlel 2 \(\overline{A}\) Cremetion 3 \(\overline{A}\) Rem	oval from State CR	D. PLACE AND DATE O	OF DISPOSITION (Na ther place)	nme of		OCATION — City or	
- 1	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIKE		arkwood			7		e, Maryland
	21. SIGNAL OF PUNERAL SERVICE LIN	· M	- 4 8			Funeral Ho		nd 21204
	23. PART I. Enter the diseases, or o	. IV Leucy D			York Ro		Maryla	
	shock, or heart fallure.	List only one cause on e	ach lina.	iot enter the mo	de of dying, suc	on as cardiac or reap	iratory arreat,	Approximata Interval Between
	iMMEDIATE CAUSE (Final disease or condition	0- 1-						Onset and Death
- 1	resulting in death)	a. Cardio	ukmon	ary 1	Tryest			
_						· 02		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS ?	estive consequence of	7:	rt ta	HUYE		
8	cause. Enter UNDERLYING	· Aceste	Mycac	avdia	e In	farction	2	
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS /	A CONSEQUENCE OF	ቫ :			•	
E	resulting in death) LAST	· Ather	o Scler	otic (Pardin	ascular x	Diren	
	DARK II OIL - I III - III						0 1 700	
EDICAL	PART II. Other aignificant condition	a contributing to death b	out not reaulting i	in the underlying	g cause given in	Part I. 24s. WAS AN PERFOI		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă				-		1 🗆 YES 2	2 ILNO	COMPLETION OF CAUSE OF DEATH?
								1 - YES 2 - NO
ž								
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C)	neck only one)		
NS.	1 _ YES 2 NO	1 D Inpetient 2 - ER/Outs	petient 3 DOA	OTHER: 4 Nursing Home	e 5 🗆 Residence	a Other (Specify)		
PHYSICIAN: M	27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI		URY AT	20d. DESCRIBE NOW	NJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO			
	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY building, atc. (Spec	— At home, term, s	street, factory, office		281. LOCATION (Street City or Town, State)		al Route Number,
E.	4 Homicide determined							
COMPLETED		CIAN: To the best of my know						
Į į	2 MEDICAL EXAMINE	R: On the basis of examination	n end/or investigation	n, in my opinion, de	eath occured at the	time, date end place, an	nd due to the ceus	e(e) end manner se stated.
BE	296. SIONATURE AND TITLE OF CERTIFIER	4		10/1	29c. LICENSE NUI	MBER	29d. DATE SIGN	ED (Month, Day, Year)
	MOHAMMAD	JEYED	BEREN	71/1/3			D 10-	-25-92
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	0 - 1 - 7	0.01	- 5	
	31. DATE FILEO (Month, Day, Year)	32 PREGISTRUR'S SIGN Graha Davidson	ATURE J. DO	over 8	20111	Jalt. 21-	232	
	OCT 2 8 1992	gula varido	1-Navarac					

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WERK, DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be not shown the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

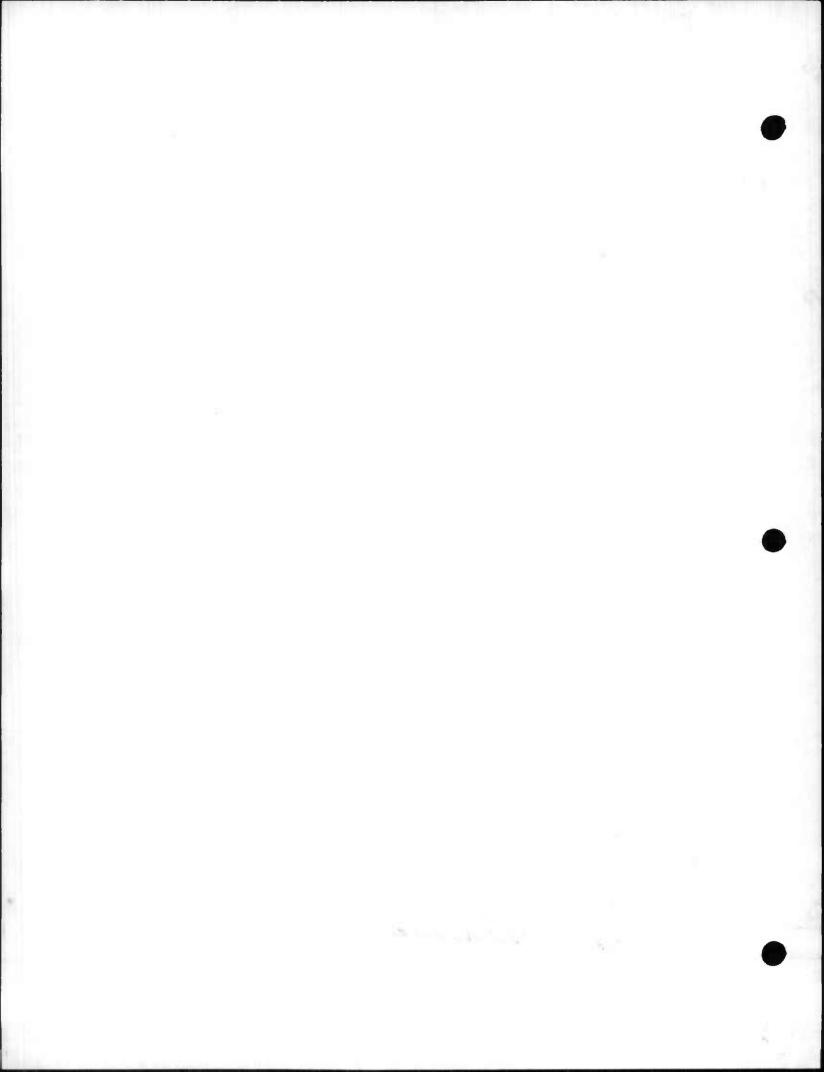
BALTIMORE, MARYLAND 21215-0020

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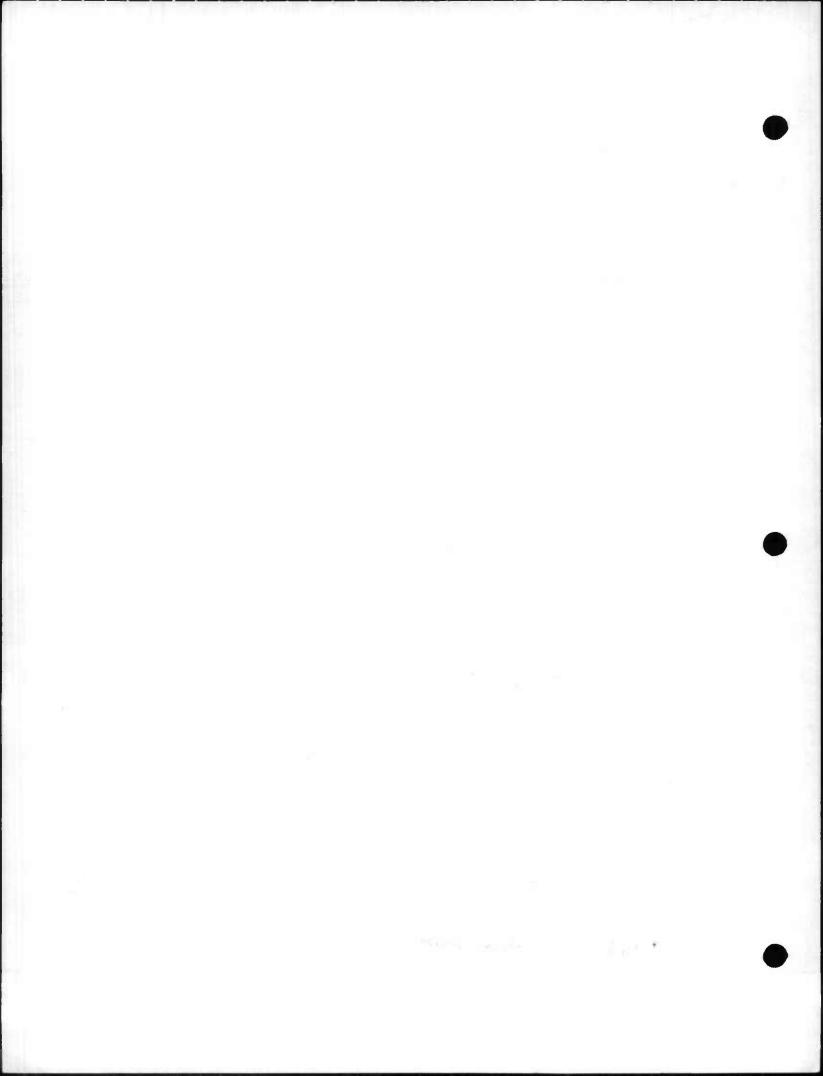
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		Doctor 1 - STATE REGISTRAR	STATE OF MARY		EPARTMEN RTIFICAT				YGIENE EG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	~ 0 9	VEAR	3. TIME OF DEATH
		ANDREW		CURRE				Octob	$er = \frac{27}{19}$	92	6:30 P M
9		4. SOCIAL SECURITY NUMBER 216-12-7099	5. SEX 6. AGE	E (In yrs. lest bli	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	July 2	26,1922	Country)	vland
2, 3 should	CTOR	•a. FACILITY NAME (If not institution, give st Franklin Square H			9b. CIT		Ville		9c. COU	NTY OF DEA	ATH
-	5	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY		1.	IOC. CITY, TOWN						
permit. Pages	DIRE.	Maryland Balt	imore		Park						IOd. INSIDE CITY LIMITS?
TIS.	IERAL	3415 Glenside Dr				101	21234			J.S.A.	AT COUNTRY?
21215-0020 al or attending physician. for use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR WW	DATES	D 13	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexics 2 X NO Specifi	in, Puerto Rican,	ecity Yes or No-	14. RACE Black, Specify:	- American Indian, White, etc. White
21215-0 al or attending for use as the	TED	15. DECEDENT'S EDUC (Specify only highest grade	:ATION completed)	16a. DECEI (Give	DENT'S USUAL (kind of work done NOT use retired.)	CCUPATIO	ON set of working	16b. KING	OF BUSINESS/INC	DUSTRY	
AND 21, the hospital or detached for u	APLET	Elementary/Secondary (0-12) 12 yr s	College (1-4 or 5+)		ehousem			Br	rewery		
	COMP	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA				
TARYL stained by should be utified at	BE	Frank J. Curre	`1	405.46				Cimino			
MAR retained 5 should	2	Mrs. Doris M. Cui	rreri		ame as		and Number or Rural	Route Number, Ci	ty or Town, State, Zij	Code)	
BALTIMORE, after death. Page 6 may be the funeral director, page moval. cal examiner must be		20s. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remo	20	b. PLACE AND	DATE OF DISPO	SITION (Na		DATE 0 (02	20c. LOCATION -		
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Paul L.	Hartsock			ID ADDRESS OF FA		<u>Baltimo</u> altimore		
ALTIN death. Pag e funeral dir I. examiner		+ faul L Hs	truck &	,	,,,,,	Leon	nard J. F				
ours after d in by th or remove		23. PART i. Enter the diseases, or o shock, or heart failure.	omplications that cause	ed the death	. Do not ente						Approximate
24 fills		iMMEDIATE CAUSE (Final disease or condition resulting in death)		THE PARTY.	ulmoi	ar	y Ar	rest-			interval Between Onset and Death
68760, acuted within and complete burial, cremi		resulting in death)	DUE TO (OR AS	A CONSEQUE	NCE OF):		9	,			
68 xecute and ca buria	NO	Sequentially list conditions,	DUE TO (OR AS	A CONSEDER	art(ny	dise	ase			Zyears
ar coan	CATION	if any, leading to immediate cause. Enter UNDERLYING	COPO								
2 6 2 9	RTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUE	INCE OF):	a 0					
ᇟᇷᇶᆖᅙᆝ	CER	resulting in death) LAST	. Chro	nic	Rena	l y	useyfe	cena	7.		
	ارب	PART II. Other significant condition		but not resu	uiting in the u	nderlying	g cause given in	Part i. 24a.	WAS AN AUTOPSY PERFORMED?		VERE AUTOPSY FINDINGS
LCOR puires that signed by Health and	MEDICA	Hypercipid						10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
E 0 8 0 E		Hyperapid	mo					- 1		1	☐ YES 2 ☐ NO
TAL The law the has b ate Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	eck only one)			
24 6	SIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	tpetient 3 1	DOA 4 Nu	R:	e 5 🗆 Residence		cify)		
1 9 0 P	PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	2	8b. TIME OF INJURY	28c. INJ			E HOW INJURY OC	CURED	
ON OP DING PHYS After this of death with	B	2 Accident Investigation	00- PI 005 OF WHITE		М		YES 2 NO				
TTEN TOR: after	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	ecity)	, farm, street, fac	tory, offic		28f. LOCATION City or Tox	(Street and Number m, State)	or Rural Roo	ite Number,
TAL OR A RAL DIREC 72 hours If Item	COMPLET		CIAN: To the best of my kno- R: On the basis of examinati								
HOSP FUNE within	- 18	29b. SIGNATURE AND TITLE OF CERTIFIER		-		opinion, u					
TO THE HOSPITAL (TO THE FUNERAL D DE filed within 72 IN IMPORTANT: IT IS	B	Saba Siddign		SICIA	N		DUIU	96	29d. DAT	E SIGNED (A	Month, Day, Year)
FFR	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 2	7) (Type, Print)		2717	10		0/2	116
		Saba Siddiqi,M.	D. 3411 Bar	nk St.	Balti	more	,MD 212	224			
		31. DATE ELLED (MONTH) DEV 161/992	्रिटी इंडिजिस स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन	hraffe Hora							



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	—THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT O	F HEALTH AN	ID MEN	TAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. 0/	TE OF DEATH		3. TIME OF DEATH	
	LEONA P. (CANAPP				10) 25	92	9:45 P. M	
	4. SOCIAL SECURITY NUMBER	1 1	AGE (In yrs. last birthday)	IF UNDER 1 Y	AR IF UNDER 24 H	49.4	TE OF BIRTH onth, Day, Year)		BIRTHPLACE (State or Foreign Country)	
1 3	217-14-0868	1 M 2 F	74 YRS.			0:		.8 1	IARYLAND	
e	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 8c. COUNTY OF DEATH									
5	3337 PAINE STRI	SET.			BALTIMOI	Œ				
DIRECTOR	MARY LAND 10b. COUNT	Υ	10c. CIT	Y, TOWN OR L	OCATION ALTIMORE				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
A A	10s. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	3337 PAINE STREET				212	211			USA	
15	11. MARITAL STATUS	12. WAS DECEDENT ET			DECENDENT OF HI			or No 14.	RACE American Indian, Black, White, etc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR			YES 2 NO S		ed rucan, etc.)		Specify: WHITE	
ED	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	INESC/IND/187		
1	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		work done durin	g most of working		IOU, KIND OF BUS	MC25/MDU3	NY	
릴	UNKNOWN	Odlingo (1-4 of 5 4)	MANAGE	R			CONCES	SION S	TAND	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER	NAME (Fin	st, Middle, Maiden			
BE (WALTER WESLEY	HUBBS			EFFI	E JAI	NE PAINT	CER		
2	19a. INFORMANT'S NAME (Type/Print)				reet and Number or R					
	DIANE ROBINSON	DIAMME ROB								
	20a. METHOD OF DISPOSITION 11 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		20b. PLACE AND DATE				92 BECK	CATION — CHY LEYSVI	or Town, State LLE, MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LIN	11 -	40	22. NA	E AND ADDRESS O	F FACILITY				
	· 61 616	an Dei	4.11		ALAN SEI 8 ROLANI					
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	AS A CONSEQUENCE OF THE AS A C						Onset and Deeth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSEQUENCE OF		ENDEN	c	very "	(20) gar-		
MEDICAL	PART II. Other algnificant condition	ST2-R	eth but not resulting	In the under	lying cause give	n in Part i	24a. WAS AN PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			6. PLACE OF DEATH	(Check only	one)			
PHYSICIAN:	1 YES 2 NO	1 Inpatient 2 ER	I/Outpetient 3 DOA		Home 5. Reside	nce 8 🗆 O	ther (Specify)			
표	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJ (Month, Day,)		URY	INJURY AT WORK?		DESCRIBE HOW IN	JURY OCCURE	D	
BY	2 Accident Investigation				YES 2 NO					
TED	3 Suicide 6 Could not be 4 Homicide determined	256. PLACE OF IN building, etc.	JURY — At home, ferm, : (Specify)	street, factory,	offica		OCATION (Street a lity or Town, State)	nd Number or R	ural Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS								use(s) and manner as stated.	
E CC	290. SIGNATURE AND TITLE OF CENTRIES				29c, LICENSE				SNED (Month, Day, Year)	
0	Wieles	17. /sle	yes, aux	1		2296		10/	27/92	
2	30. NAME AND ADDRESS OF PERSON WH Michael G. Haye		2402 Hemle		enue Ra	1to.,	Ma 2	1214		
	31. DATE FILED (Month, Day, Year)	132. PEGISTRAR'S		CK AV	circe Da	1.000,	1.10. 2.	14		
1	OCT 28 1992 3	ruja vavidson	Madage							



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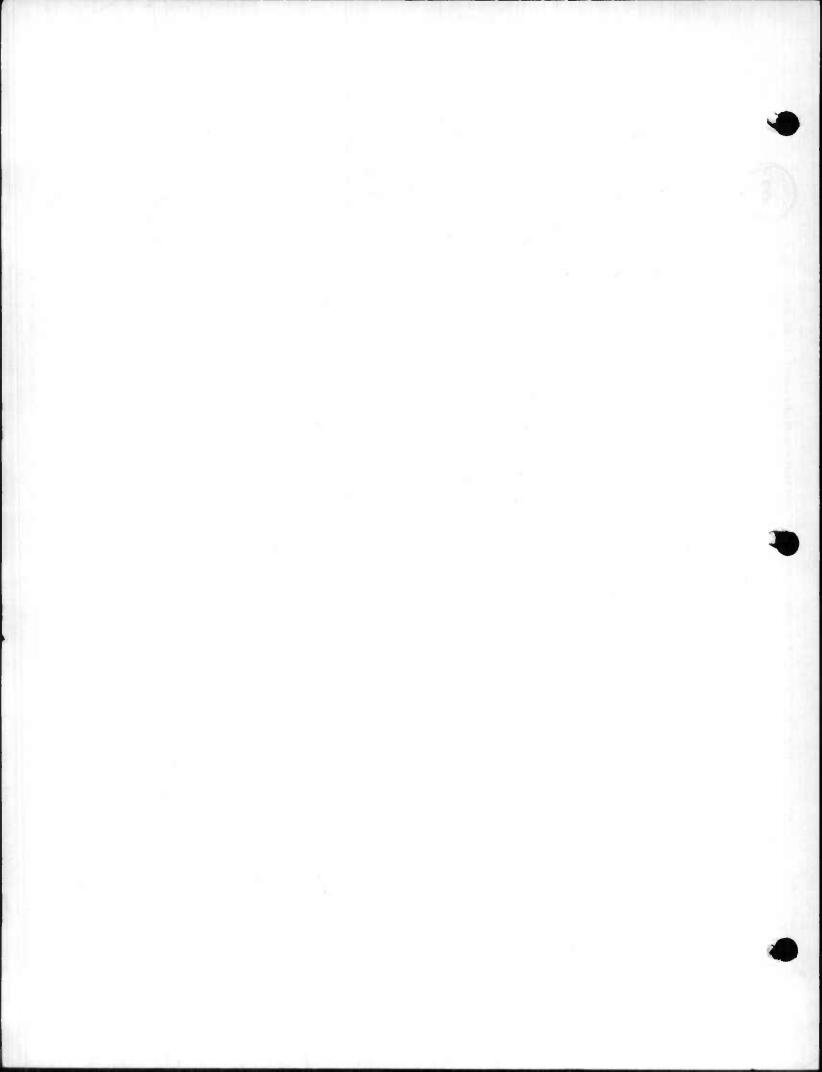
	1 - STATE REGISTRAR	STATE OF MARYLA		ICATE OF I		REG. NO		
- 17	1. OECEDENT'S NAME (First, Middle, Last) A	NNE # FRA	NCIS	CARLSON	JEA III	2. DATE OF OEATH		3. TIME OF OEATH
- 8	N A Mi.		son	CARLISON		MONTH D		EAR O 10% M
	1010101		r yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	10-17-		8:10A M
8	098-03-1846 1	□ M 2 🗹 F	89 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2 - 05 -	02	Harr Work
- B		t end number)		9b. CITY, TOWN OR	LOCATION OF DE		9c. COUNTY	
Œ	0.0 1 400	end number)	21057				0 1	+
5	RESIDENCE OF DECEDENT	630 Hlen arm	R.d.	Ellen	arm 1	190 21057	Dak	umore co
DIRECTOR	10a. STATE 10b. COUNTY	7. 1	10c. CIT	Y, TOWN OR LOCATIO	ON /16	30 Ellan a	Mr. R.	10d. INSIDE CITY
5	mo Bali	Emore (Co Ste	en arm	4-m2	21057	acto	2 (6 1 TYES 2 XNO
AL	10e. STREET AND NUMBER		4 1	101.	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
EB	11630 Glen ar	m Rd	Apt2	16	2105	1	U.	SA
FUNERAL		2. WAS DECEDENT EVER IN		13. WAS DECE	NDENT OF HISPAN	HC ORIGIN? (Specify Ye	a or No- 14	I. RACE — American Indian, Black, White, etc.
	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			NO Specify	n, Puerto Rican, etc.)		Specify:
Э ВУ								While
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con		(Give kind of	WORK done during most	of working	16b. KIND OF BU	SINESS/INDUS	STRY
Ë	Elementary/Secondary (0 (2)	College (1-4 or 5+)	illo. Do NOT u	eservis	10,			
M	1.2		nou	were of				
8	17. FATHER'S NAME (First, Middle, Last)				04 -	ME (First, Middle, Maider	Sumeme)	
BE		CAN CLS				hie dor		
5	19a. INFORMANT'S NAME (Type/Print)	1-		med a A		Route Number, City or Tov	vn, State, Zip Ci	ode)
	DARDARA C. DRYZ	ZNT		Foulke		(-usyn		MH 19436
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remova	of from State	other place)	SITION (Name of ceme	stery, cremilitory or	20c. LC	CATION — CI	ty or Town, State
133	4 Donation 5 Other (Specify)				D AOORESS OF FA	00 1534		
	21. SUITATORE OF PONEINE SERVICE LICEN	Ronald Was				State .	Anatom	y Board
	Imaul //	Mulle	10-26-92	655W.Ba	altimore	st, Balto	o, MD	21201
1	23, PART I, Enter the diseases, or con shock, or heart fellure. Lis	nplications that caused	the death. Do	not antar the mod	a of dying, suc	h aa cardiac or reap	iratory arres	Approximate
	IMMEDIATE CAUSE (Final			0 /	Λ			Onset and Death
- 17	disease or condition	Car	didy	Pu/Ironas	ry H	1297		
	,	OUE TO (OR AS A	CONSEQUENCE O	F):	(•		
		000 10 (011 20 2						i
N	Sequentially list conditions b.							
MOIT	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):				
CATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A		•				
TIFICATION	If any, leading to immediate cause. Enter UNDERLYING			•				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A		•				
AL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):	cause given in			24b. WERE AUTOPSY FINDINGS
CAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):	cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
CAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):	cause given in		RMED?	AVAILABLE PRIOR TO
CAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of	DUE TO (OR AS A	ut not resulting	In the underlying	cause given in	PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of th	OUE TO (OR AS A OUE TO (OR AS A contributing to death be perfectly or the oarthur why new	CONSEQUENCE O	in the underlying	cause given in	PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the cause of the cau	DUE TO (OR AS A	ut not resulting	In the underlying 28. PLI OTHER:	ACE OF DEATH (Ch	PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the cause of the cau	DUE TO (OR AS A OUE TO (OR AS A Contributing to death by PER CONTRIBUTION AOSPITAL: Inpetient 2 ER/Output 280, DATE OF INJURY	ut not resulting	In the underlying 28, PL/ OTHER: 4 □ Nursing Home ## OF 28c, INJU	ACE OF DEATH (Ch	PERFO 1 YES	AMED? 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of the cause of th	OUE TO (OR AS A OUE TO (OR AS A Contributing to death but the contributing to death but the contribution of the contribution	ut not resulting	In the underlying 26, PL/ OTHER: 4 □ Nursing Home ate OF 28c. INJURY WOR	ACE OF DEATH (Ch	PERFO 1 YES eck only one) 8 Other (Specify)	AMED? 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the conditions of the cause of th	DUE TO (OR AS A OUE TO (OR AS A Contributing to death by PER CONTRIBUTION AOSPITAL: Inpetient 2 ER/Output 280, DATE OF INJURY	ut not resulting	28. PLJ OTHER: 4 Nursing Home ME OF 28c. INTER MUTHER WOF 1 YU	ACE OF DEATH (Ch. 5 Residence per AT IK?	PERFO 1 YES eck only one) 8 Other (Specify)	RMED? 2 □ NO INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 NO
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BY PHYSICIAN: MEDICAL	H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of the cause of the conditions of the cause o	DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A Contributing to death but the contributing to death but the contribution of	attent 3 DOA 28b. Till in At home, farm,	In the underlying 26. PLI OTHER: 4 Nursing Home AE OF 28c. INJU JURY WOP 1 YOP street, factory, office	ACE OF DEATH (Ch. 5 Residence PRY AT KK? ES 2 NO	PERFO 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end min	RMED? 2 NO INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED
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BE COMPLETED BY PHYSICIAN: MEDICAL	H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of the cause of the conditions of the cause o	DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A Contributing to death by PERCENT OF CONTRIBUTION (Month, Dev. Year) 28e. PLACE OF INJURY (Month, Dev. Year) AN: To the best of my knowled on the basis of examination	att not resulting attent 3 DOA 28b. Till IN At home, farm, in and/or investigati ATH (ITEM 27) (Typ	26. PLJ OTHER: 4 Nursing Home BE OF 28c. INJUINY WOF 1 Y WOF red at the time, data on, in my opinion, de	ACE OF DEATH (Ch. 5 Residence 187 AT 187 ES 2 NO and place, and due 18th occurred at the 29c. LICENSE NUI	PERFO 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end man other, date and place, a	RMED? 2 NO INJURY OCCU end Number or) anner as stated and due to the	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, 1. cause(a) and manner as stated.

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Na mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



funeral director, page 5 should be detached for use as the burial-transit

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BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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46,	d within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filled within Z hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
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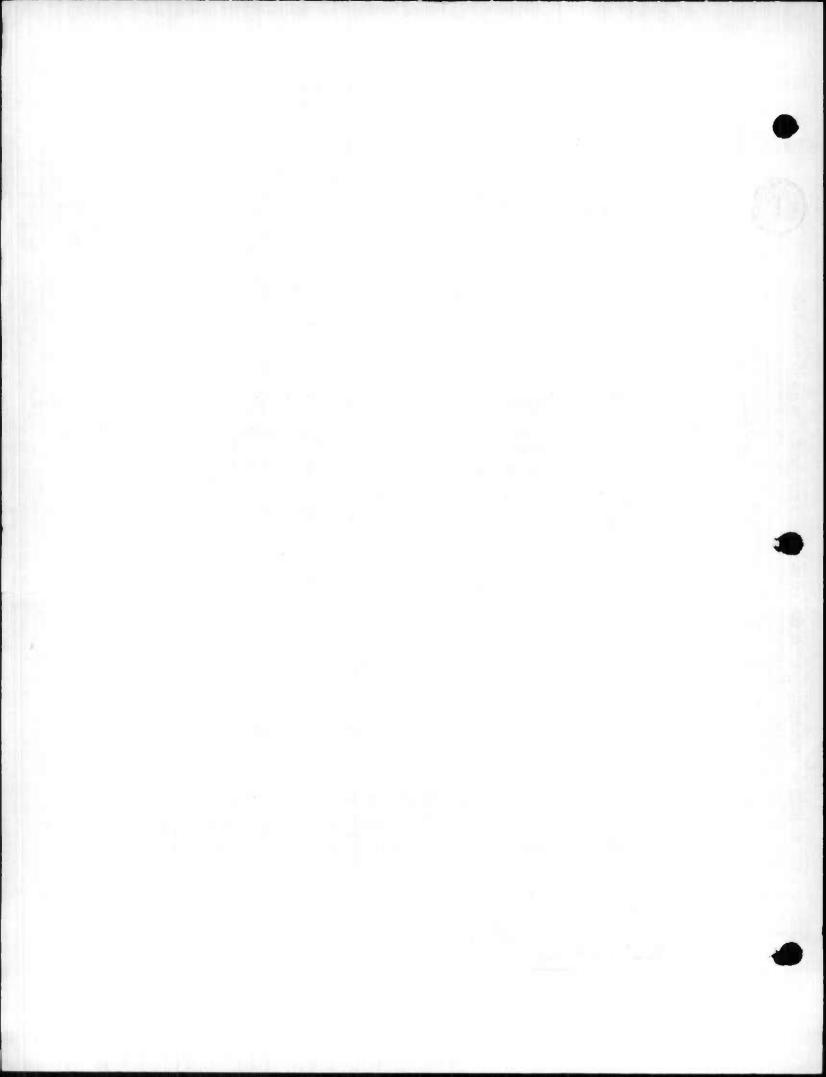
31. DATE FILED (Morith, Day, Year)

OCT 28 1992

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			TAL HYGIENE REG. NO.		
, 1	1. DECEDENT'S HAME (First, Middle, Last)	Cathro	in Cr	osby	M	ATE OF DEATH	YEAR 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-09-9938	1 🗆 M 2 🗡 F	7 6 YRS. MO	NTHS DAYS H		ATE OF BIRTH 1915 South, Day, Year) 1915	13/	sit.md
TOR	99. FACILITY NAME (If not institution, give str Chaple Hill RESIDENCE OF DECEDENT	Conv. Hor	ne T		LOCATION OF DEATH		BA 1	4 .
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	D 14.		own or location				10d. INSIDE CITY LIMITS? 1 YES 2 NO
VERAL	100. STREET AND HUMBER				21133		U	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Hever Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	ZY NO		ly Cuban, Maxican, Pua	IIGIN? (Specify Yea or Ho into Rican, etc.)	- 14. RACE Black Specif	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of	of working	16b. KIHD OF BUSINESS		
N N						Homemal		
	17. FATHER'S HAME (First, Middle, Last)	144		1		rst, Middle, Meiden Surnan	10)	
BE	James A. Leonards 19a, INFORMANT'S NAME (Type/Print)	ion	I am a management		Anna C Le			
2	John Geers					Number, City or Town, State Manchester,		21102
	20a. METHOD OF DISPOSITION 1	oval from State	other place)	ON (Name of cemet	ery, crematory or	20c. LOCATION	I — City or To	wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE	Mylu Wa			ADDRESS OF FACILITY Baltimores	State A		
	23. PART I. Enter the diseases, or control shock, or heart failure. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Di Mus	the deeth. Do not sech lins. CONSEQUENCE OF:		of dying, such so		arrest,	Approximats Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS/A	CONSEQUENCE OF):	1				
CAL	PART II. Other significant conditions	contributing to death b	ut not resulting in 1	he underlying o	euse given in Part	I. 24a. WAS AN AUTOF PERFORMED? 1 — YES 2 — WO		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLAC	CE OF DEATH (Check on	ly one)		
X	1 TYES 2 NO	1 Inpatient 2 ER/Outp			5 Reeldence 6 -			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation	28a. DATE OF IHJURY (Month, Day, Year)	29b. TIME O	WORK		DESCRIBE HOW IHJURY	OCCURED	
8	3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stre	et, fectory, office		LOCATION (Street and Nu City or Town, State)	mber or Rural R	loute Number,
COMPLET	2021	CIAN: To the best of my knowl R: On the bests of examination) and manner as stated.
B	29b. WHATURE AND TITLE OF CERTIFIER	- PHY510	IAN	ti	9c. LICENSE NUMBER	29d.	DATE SIGNED	(Mogth, Day, Year)
2	30. HAME AND ADDRESS OF PERSON WHO			(mt)	1010		1	

3125 Baltimore Blvd, Finksburg, MD

32/ AEGISTRAB'S SIGNATURE



rial-transit permit. Pages 1, 2, 3 should

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	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu		item 28 is marked or item 23 shows any injury or other traumatic event the medical evaniner must be notified at once
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31. DATE FILEO (Month, Day, Year) 28 1992 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Nos. Pres)

wha Dandson MATHER

L. He Patwent

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle Leet) 2. DATE OF DEATH 1992 FITZHUGH LEE CANIPE 10 24 7:38 A.M. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTIN (Month, Day, Year) 10/21/1919 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS DAYS 1 X M 2 F North Carolina 237-22-1044 73 YRS. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH Howard County General Hospital DIRECTOR Columbia Howard RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Howard Ellicott City Maryland 1 - YES 2 NO FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3343 N. Chatham Road 21042 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ricen, etc.)

1 YES 2 (X) NO Specify: 1 Never Merried 2 X Married BY Specify: 3 Widowed 4 Divorced U.S.Army White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Textile Mechanic 10 yrs. Textile Industry 17. FATNER'S NAME (First, Middle, Lest) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Junius Canipe Katie Helms 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Mary Canipe 3343 N. Chatham Rd. Ellicott City, Md. 21042 20e. METNOD OF DISPOSITION

| Burlal 2 | Cremetion 3 | Red
| 4 | Donation 6 | Other (Specify) | 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State cometery.cremetory or other place)
Garrison Forest Vet.Cem.10/28/92 Owings Mills, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Sterling Ashton Funeral Home, Inc. till laces mooss 736 Edmondson Ave. Balto. Md. 21228-4490 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Batween shock, or heart failure. List only one ceuse on each line. **IMMEDIATE CAUSE (Finel Onset and Death** disease or condition resulting in death) 3days Shock DUE TO (OR AS A CONSEDUENCE OF): Peribberal vascular MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS) CONSEQUENCE OF: Artery CAUSE (Disease or Injury that initiated eventa resulting in death) LAST OPD PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE Wilthman 1 TYES 2 DATE OF DEATH? 1 TYES 2 NO BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** OTHER 1 | YES 2 | 1-10 itlent 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE NOW INJURY OCCURED 1 Matural 84 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 8 Could not be COMPLETED 4 🔲 Nomicide 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ea stated. 296. SJENATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

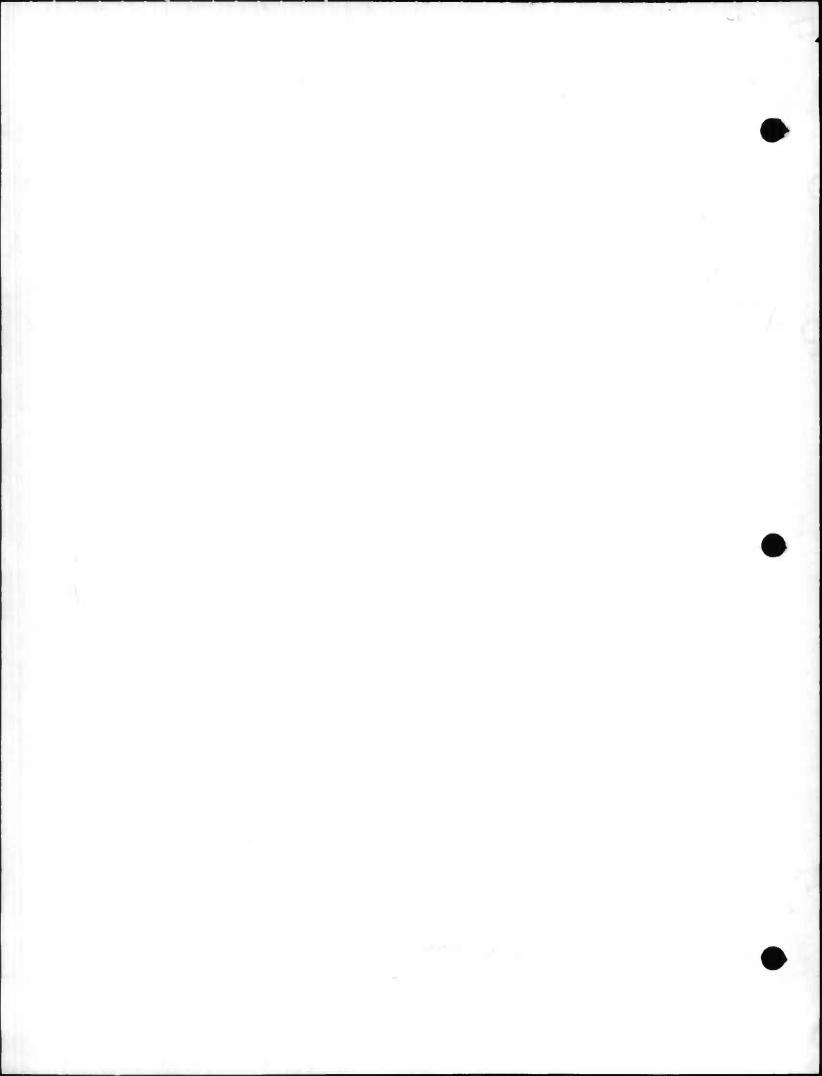
	FOR 1 - STATE	STATE OF MARY	/LAND / DEPAF	RTMENT	OF HEALTH	AND ME	NTAL HYGIEN		2 29	943
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE	OF DEAT		REG. NO.		La Tura	-
	JOHN L. DO	RNBUSCH,	SR.			ľ	MONTH D		ZEAR 3. TIME OF	21 A W
	011 10 0010	SEX 6. AC	46 VRS.	IF UNDER 1	YEAR IF UNDER :	Access	DATE OF BIRTH (Month), Day, Year) EB. 10,19	8.	BIRTHPLACE (State	FNCLAN
1	Sa. FACILITY NAME (If not institution, give street	t and number)		96. CITY, T	OWN OR LOCATIO				Y OF DEATH	- ,
OR	UNIVERSITY HOSPI	В	BALTIMOR	E						
DIRECTOR	RESIDENCE OF DECEDENT 10a. BTATE 10b. COUNTY		Y, TOWN OR	LOCATION			•	10d, INSID	E CITY	
듬	MARYLAND ANNE	ARUNDEL	NO	ORTH L	INTHICU	M			LIMIT	37
¥	10e. STREET AND NUMBER				101, ZIP CODE			10g. CITIZEI	N OF WHAT COUN	TRY?
FUNERAL	4 BOULEVARD PLA	CE			21090			U.	S.A.	
BY	11. MARITAL STATUS 1	2. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	S 2 NO	-11 1	AS DECENDENT OF YES, specify Cuban	, Mexican, I	ORIGIN? (Specify Yes Puerto Rican, etc.)	s or No 14	RACE — America Black, White, etc Specify:	en Indian,
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION mpleted)	18e. DECEDENT'S	USUAL OCC	SUPATION ring most of working	2	16b. KIND OF BUS	SINESS/INDUS	TRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)			ring most of worlding					
OMF	17. FATHER'S NAME (First, Middle, Last)	STERS 5±	YIELD A	NALYS					L COMPAN	1A
	LeROY H. DORNBUS	СН				CY ST	(First, Middle, Maiden	Surneme)		
) BE	19a, INFORMANT'S NAME (Type/Print)	-	19b. MAJLING	ADDRESS (te Number, City or Tow	n, State, Zip Co	ode)	
5	BRIDGETT D. DORN	BUSCH					BALTIMORI			
1	20s. METHOD OF DISPOSITION 1- Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	of from State	POB. PLACE AND DATE SEMESTRY OF COMMENTS O	of DISPOSITI	ION (Name of	K 1		CATION — CITY CRIDGE	y or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Sinh-		HUB		NERAL		NC.		1229
	23. PART I. Enter the diseases, of corshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR A	S A CONSEQUENCE O	not enter the	ne mode of dylr				t, Appi	roximata rval Between et and Death
CERTIFICATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Intravendra Caular hemory hage brain oue to (or as a consequence of): c. Intravendra Caular hemory hage brain oue to (or as a consequence of): d. Intravendra Caular hemory hage brain oue to (or as a consequence of): d. Intravendra Caular hemory hage brain oue to (or as a consequence of):									
AN: MEDICAL	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	93497	OTHER:	26. PLACE OF DE	ATH (Check	only one)			
PHYS	1 YES 2 KNO 27. MANNER OF DEATH	26s. DATE OF INJUR			g Home 5 Res		Other (Specify) Id. DESCRIBE HOW II	HIEV COOL	200	
	Natural 5 Pending	(Month, Day, Yea		IURY	WORK?		a. DESCRIBE NOW II	NJUHT OCCUP	SED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, pecify)	street, factory	y, office	26	City or Town, State)	and Number or	Rural Route Number	τ,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only 2 MEDICAL EXAMINER:	N: To the best of my kn			nion, death occure	d at the tim	e, date and place, an	d due to the c	ause(s) and manne	
TO BE	30. NAME AND ADDRESS OF PERSON WHO G		28e 085	cer		NSE NUMBE	R	29d. DATE S	IGNED (Month, Day,	92

MMS 22 S.

32. REGISTRAR'S SIGNATURE

Davidson-Production

31. DATE FILED (Month, Day, Yea



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

JACOUELIN

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 H DAYS HOURS 1 M 2 F 213-20-9561 YRS should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION (DIRECTOR Greater Baltimore Medical Center Pages 1, 2, 3 Towson RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Towson permit. FUNERAL 10a, STREET AND NUMBER 10f. ZIP CODE 988 Radcliffe Road funeral director, page 5 should be detached for use as the burial-transit 2120 attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THOU IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF H BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marr If yes, specify Cuban. It 1 TYES 2X NO BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Page 6 may be retained by the hospital or tary/Secondary (0-12) College (1-4 or 5+) Manager 12 3 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER Alfred C. Bunting 76 F BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or I 2 Alfred V. Drnec Same As #10 Pe 20a. METHOD OF DISPOSITION
1 ☑ Burtal 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must 1 Burlal 2 Cremation 4 Donation 5 Other (Specify) Prospect Hill Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS (hours after death. Vallac Ruck Towson filled in by the fution, or removal. 1050 York Re medicel 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying. shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final completely filled rial, cremation, the disease or condition Cardiac Arrest ASCVD requires that the death certificate be executed within resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF)been signed by the attending physician and con it. of Health and Mental Hyglene prior to burial, CERTIFICATION Hypertension Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Type II Diabetes
DUE TO (DR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events other 1 resulting in death) LAST 0 Injury. PART il. Other significant conditions contributing to death but not resulting in the underlying cause give MEDICAL amy Shows PHYSICIAN: TO STALL OR ATTENDING PHYSICIAN: The law function to certificate has be within 72 hours after death with the State Dept. I lem 28 is marked, or item 23 is 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEAT EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 - Nursing Home 5 - Reside 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 1 🔯 Natural 5 Pending Investiga 1 YES 2 N BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Sulcide ETED 6 Could not be 4 Homicide 29e. CERTIFIER

//Chack note

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and COMPL FUNERAL I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation 206. SIGNATURE AND 21TLE OF CERTIFIER 25c LICENS BE 0

WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 AEGISTRAT'S SIGNATURE Pandalle

O'Donnell, M.D.

Charles F.

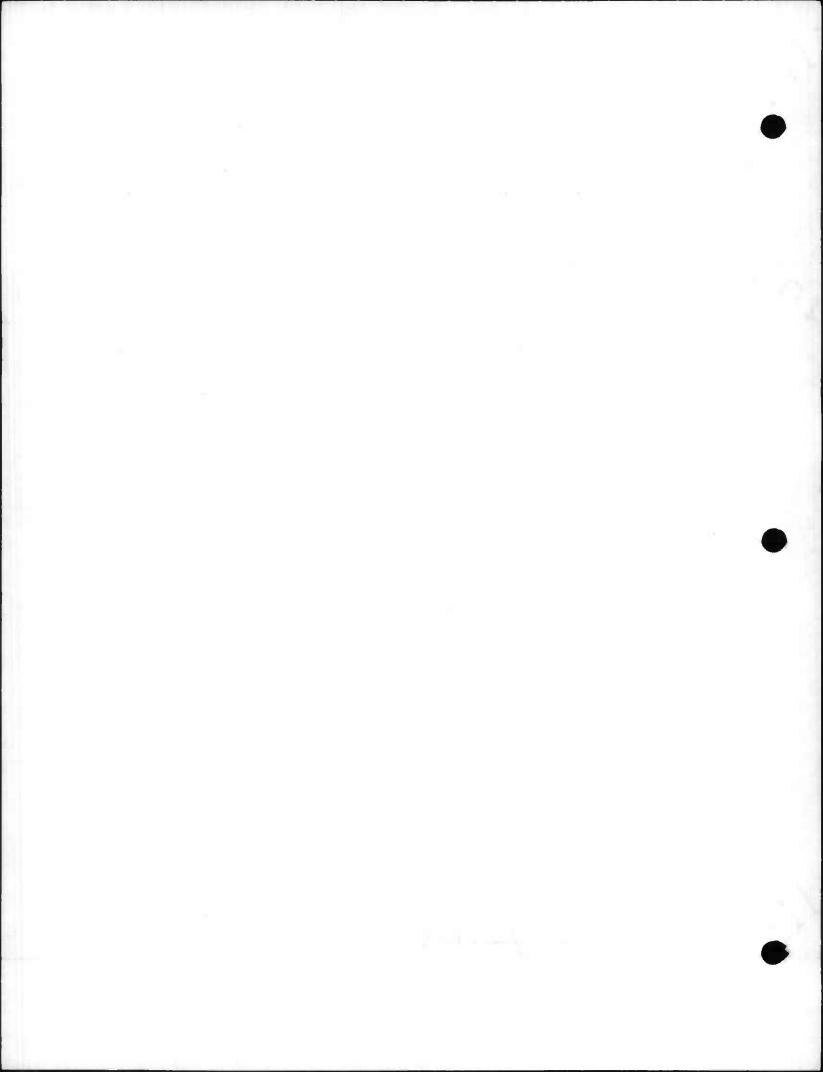
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DRNEC

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5. SEX

CERTIF	ICATE	OF	DEATH			REG. NO.		J. Car	67744
RNEC					TE O	DEATH 23	AY	92	3. TIME OF DEATH 10:04 A M
s. last birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DA	TE OF	BIRTH		8. BIRTI	IPLACE (State or Foreign
YRS.	MONTHS	DAYS	HOURS MIN.		V .	16,	1924	Count	Virginia
	9b. CITY, T	OWN (OR LOCATION OF DE					NTY OF D	
er	1	WO.	son				Ва	ltimo	ore
10c. CIT	Y, TOWN OR	LOCAT	TON						10d. INSIDE CITY
	Towson	1							LIMITS?
		101	. ZIP CODE			_	10g. CIT	IZEN OF V	WHAT COUNTRY?
			21204				U.	S.A.	
. ARMED	13. W	S DEC	ENDENT OF HISPAN	IIC ORI	GIN?	Specify Yes		-	E — American Indian.
NO	If y	106, sp	ecify Cuban, Mexica 25/27NO Specify	n, Puer	to Ric	en, etc.)		Spec	k, White, etc.
YX.								эрис	"White
DECEDENT'S USUAL OCCUPATION					16b. K	IND OF BUS	SINESS/IN	DUSTRY	
(Give kind of work done during most of working life. Do NOT use retired.)									
lanage:	ר			- 19	Cha	rlie	's Ca	ampir	ng Center
			18. MOTHER'S NA	ME (Fire	et, Mia	dle, Maiden	Surname)		
			Fran	ice:	S	E	Jones	5	
19b. MAILING	ADDRESS (Street e	nd Number or Rural I	Route N	umber	City or Town	n, State, Zia	Code)	
	As #								
CE AND DATE			ome of	-	ATE	20e I O	CATION	City or To	wn State
, crematory or o	other place)								
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7			lowson Fu		ral	Home	e. Ir	nc.	
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betes									
NSEQUENCE O	F):								
ot resulting	In the unde	rlyin	g cause given in	Part I.	2	4a. WAS AN		24b	. WERE AUTOPSY FINDINGS
					1	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
				_				Ì	1 TYES 2 NO
		00 PH	ACC OF BEATH OF						
11	OTHER:	20. PL	ACE OF DEATH (Ch	BCK OTHY	one)				
n 3 X DOA			e 5 🗆 Residence		_				
26b. TIR	JURY M		URY AT RK? res 2 NO	28d. 1	DESCI	RIBE HOW I	NJURY OC	CURED	
M home, farm,	street, factor	, offic	•			ION (Street e Town, Stete)		r or Rural I	Route Number,
			and place, and due						
a/or investigation	on, in my opi	alon, d			late ar	nd place, an	d due to ti	he cause(e) and manner as stated.
nn	all	3	DC LICENSE MAN	5/=	38	3	29d. DAT		(Month, Day, Year) 23/92
(ITEM 27) (Type	, Print)								-
2304	Wonde	rvi	ew Road,	Ti	mo	nium.	Md.	210	93



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	he law requires that the death certific
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	ENDING PHYSICIAN: The
	ENDING

THE STATE OF THE S	JOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	SICIAN: The Is	certificate has	h the State De	1, or item 2
	TENDING PHY	TOR: After this	ofter death with	28 Is marke
	TIME OR AT	ALL DIRECT	172 hours a	E III Item 2
	THE NOS	TO THE YORK	On Sind Appl	MPORTAN

	FOR 1 _ STATE	STATE 0	F MARYLAN	D / DEPAR	RTMEN	T OF H	EALTH	AND	MENTAI	L HYGIEN	E	92	29945
	REGISTRAR			CERTIF	ICAT	E OF	DEAT	Ή	100	REG. NO		- 6-	633990
	1. DECEDENT'S NAME (First, Middle,	ast)								OF DEATH			3. TIME OF DEATH
	FDANK T	FIGINSK	т						MONTI	24,		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX		rs. lest birthdey)	at take	R 1 YEAR	IF UNDER			OF BIRTH	1992		
			_	**	MONTHS	DAYS	HOURS	MIN.	(Montt	, Day, Year)		Count	HPLACE (State or Foreign ry)
	220-46-1369	1 XM 2 🗆	00	YRS.		227	- 1000	100	Jun	e 21,	L90 7	M	Maryland
	Sa. FACILITY NAME (If not institution,	-			9b. CIT	Y, TOWN C	H LOCATIO	ON OF DE	EATH		9c. COL	JNTY OF D	DEATH
DIRECTOR	1641 Kreitler	: Valley !	Road			Fo	rest	Hil	1		На	arfor	rd.
5	RESIDENCE OF DECEDEN											X 1 1 0 1	
Ä	10e. STATE 10b. Ct			10c. C/1		OR LOCAT							10d. INSIDE CITY
<u></u>	Maryland ^H	Marford			For	rest	Hill						1 YES 2 NO
	10e, STREET AND NUMBER			1 101	ZIP CODE		_		40- 00		WHAT COUNTRY?		
A	TANK SHOULD CON SERVICE					101					lug. Ci		
끶		1641 Kreitler Valley Road					210	50				U.S.	Α.
FUNERAL	11. MARITAL STATUS		DENT EVER IN U.		13.					? (Specify Yes	or No-	14. RACI	E — American Indian, k, White, etc.
	I Trever mention 2 mention			S NO			2 D NO			tican, etc.)			
B	3 Widowed 4 Divorced	XX Widowed 4 Divorced					X		, specify.			White	
COMPLETED	15. DECEDENT'S	a. DECEDENT'S	USUAL C	CCUPATIO	N .	-	16b.	KIND OF BU	SINESS/IN	DUSTRY			
		(Specify only highest grade completed) (Give kind life. Do NO:					st of working	g					
7	12	Conege (1-4 c	" 3 t)]	Police	Off	icer			В	altimo	ore (City	Police
\$	17. FATHER'S NAME (First, Middle, Les												
8		,								Aiddle, Maiden			
BE	Anthony Figinski Martha Nowiski												
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	nd Number	or Rural I	Route Numb	oer, City or Tow	n, State, Z	ip Code)	
2	Frank M. Figir	ski, Sr.				#10							
	20a METHOD OF DISPOSITION								_	T		-	
- 8	fx Murial 2 □ Cremation 3 □	Removal from State		ACE AND DATE y, crematory or c					DAT	20c. LO		- City or To	
	4 Donation 5 Other (Specify)		Wm.	watte	ers M	leth.	Cem	. 10	726-	92 C	opto	own,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	Nuck Towson Funeral Home, Inc.												
-			00,44	31.	1.0	50 Y	ork	Road	, To	wson,	Md.	2120)4
	23. PART i. Enter the diseases	or complications	that caused th	e death. Do	not ante	r the mo	de of dyle	ng, suc	h aa card	liac or reap	ratory a	rreat,	Approximata
										Interval Between Onset,and Death			
	disease or condition	V-	1/1/	7-	DEMENTIA			4				5 40	
- 1	resulting in death)	a	7010	<u> </u>	The state of the s								17 /8
	DUE TO (OR AS A CONSEQUENCE OF):									10/1			
	1	DOE			NF):	771	-/0 /						
N	Sequentially list conditions	T b				771	-/ /						
TION	Sequentielly list conditions, if any, leading to immediate	T b	TO (OR AS A CO	NSEQUENCE O		771	-/ / /						
CATION	if any, leading to immediate cause. Enter UNDERLYING	T b		NSEQUENCE O		771	-/4/						
FICATION	if any, leading to immediate	b			P:		-/ /						
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	TO (OR AS A CO		P:								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	TO (OR AS A CO		P:								
_	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	E TO (OR AS A CO	NSEQUENCE O	PF):					24a. WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS
_	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	E TO (OR AS A CO	NSEQUENCE O	PF):					PERFOF	MED?	24b	AVAILABLE PRIOR TO
- 1	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	E TO (OR AS A CO	NSEQUENCE O	PF):						MED?	24b	
_	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	E TO (OR AS A CO	NSEQUENCE O	PF):					PERFOF	MED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE
_	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	E TO (OR AS A CO	NSEQUENCE O	PF):					PERFOF	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conductors are supplied to the conductors are supplied to the cause of th	b. DUE	TO (OR AS A CO	NSEQUENCE O	PF):	nderlying		iven in	Part i.	PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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_	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 1900	b. DUE c. DUE d. HOSPITAL 1 Inputient	TO (OR AS A CO	not resulting	OTHE	nderlying 26. PL FI: raing Hom	Cause g	fven in	Part I.	PERFOR 1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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ED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 YES 27. MANNER OF DEATH 1 Tristural 5 Pending Investigat	b. DUE c. DUE d	TO (OR AS A CO TO (OR AS A CO TO (OR AS A CO TO (OR AS A CO TO (OR AS A CO TO (OR AS A CO TO (OR AS A CO	not resulting	OTHE 4 OF JURY	26. PL FI: raing Home 28c. INJI WO 1 I Y	ACE OF DE	EATH (Ch	Part I. eck only on 6 Other 28d, DES	PERFOF 1 YES 2 e) r (Specify) CRIBE HOW I	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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1309 Vanderbilt Road, Fallston, Maryland

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

D.

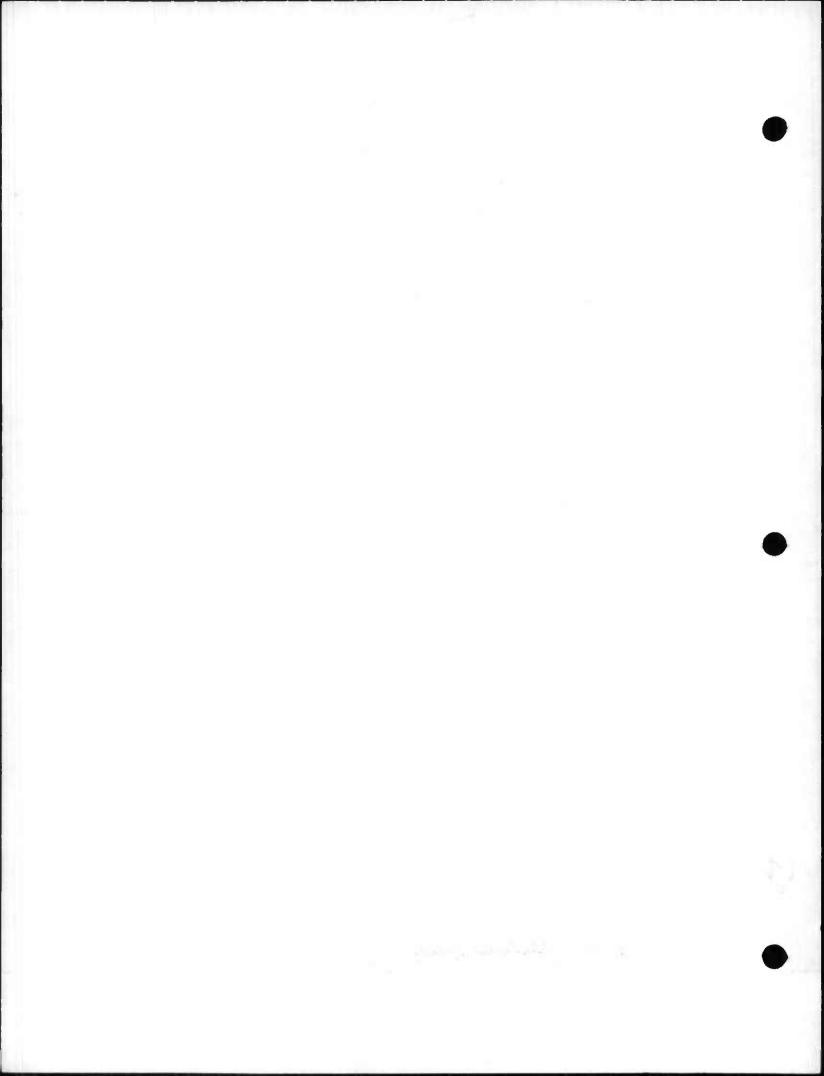
2. REGISTRAR'S SIGNATURE

Edwards, M.

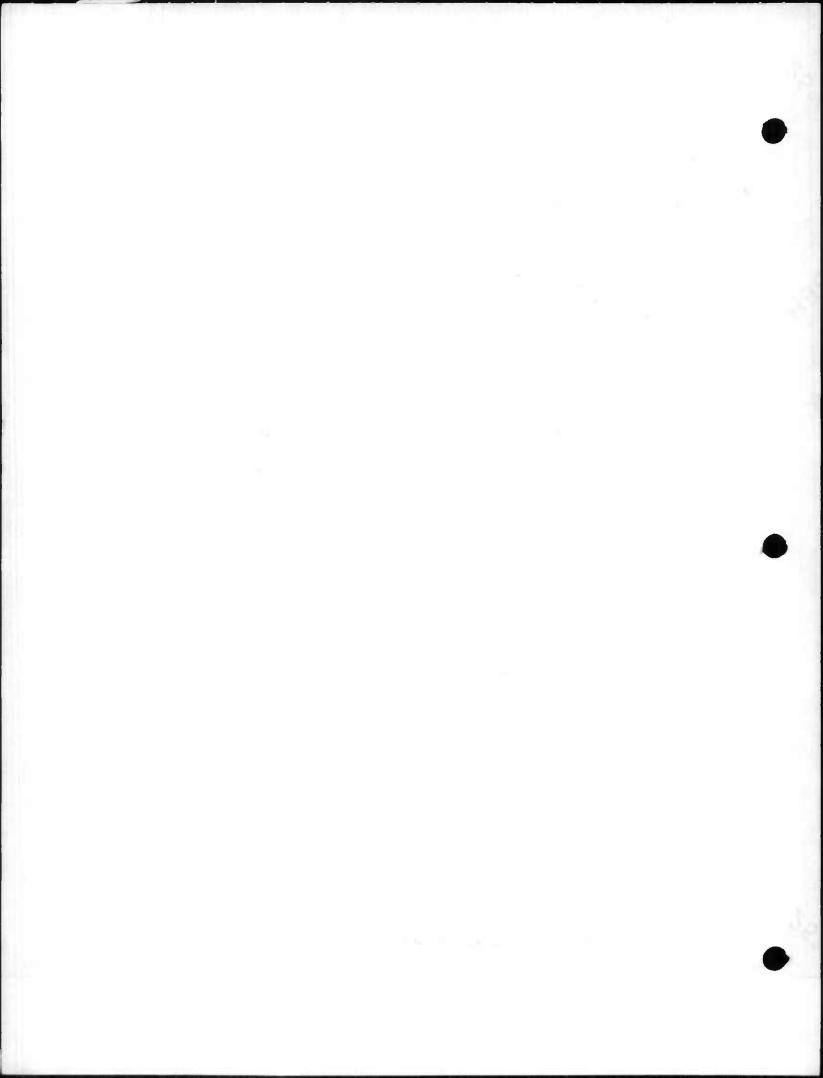
OCT 2 8 1992

HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE PROPERTY OR ATTENDING PHYSICIAN: The law requires that	0 Nemerical DIRECTOR; After this certificate has been signed	e filed within 72 hours after death with the State Dept. of Health a	MPORTANT: If Item 28 is marked, or item 23 shows any

	1 - FOR STATE REGISTRAR	STATE OF MARYL					MENT			J 8-4	(,) W	70
32	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH	AV V	EAR	TIME OF DEATH	
	Julius Fogel							10 1	19 5		5:39P	M
	065-10-3152	1 M 2 □ F 86		BACALTIAN .	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(MA	onth, Day, Year)		Country)	YORK	n
OR	9a. FACILITY NAME (If not institution, give str Montgomery Gen	reet and number) neral Hospi	ital						9c. COUNTY	OF DEAT		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		100 (
DIRECTOR	MARYLAND MONTO				SPR	ING					d. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL		AL DR., APT.	426		10f.		560		USA	OF WHA	T COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	н	yes, spe	ecify Cuben, Mexica	on, Puer			Black, W Specify:		
COMPLETED			(Give kind o	of work done du T use retired.)	CUPATIO	M st of working			SINESS/INDUS			
COM	17. FATHER'S NAME (First, Middle, Last)						AME (Firs		Surname)	OR		
TO BE	190. INFORMANT'S NAME (Type/Print) MRS. RUTH FOGEL		19b. MAILR	NG ADDRESS	(Street ar	nd Number or Fural SILV	Route M	Umber City or fow SPRING,	n, State, Zip Co			
		ovel from State 20b	. PLACE AND DAT	TE OF DISPOSIT	TION /Nar	me of	10	ATE 20c. LO	CATION — City	or Town,	State	
			DALLIER					I KET	DITTO	CAATA '	LID	
	· Surte	2minso	~	60	NO T	ייים משמים דיים מ	TATAT	DD D	AT IT	MD	21215	
	23. PART I. Enter the diseases, on coahock, or heart fallure. I	omplicatione that caused List only one ceuse on e	d the death. De ach line.	not enter t	tha mod	de of dying, suc	h as c	ardiac or reapi	iratory arrest	•	Approximata interval Betw	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	. Cordi	o Ru	lnie	mo	my to	In	rest'			Onset and De	ath
z		OUE TO (OR AS A	CONSEQUENCE	OF): espe	ias	long	F	arlea	R			
CATIO	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A Check	CONSEQUENCE	OF):	20 4	Luie	Ja	line				
CERTIFICATION	that initiated events resulting in death) LAST	DISE 70 100 40 4),		
_	PART II. Other significant conditions	s contributing to death b	out not resulting	g in the unc	derlying	cause given in	Part i.	24a. WAS AN PERFOR	AUTOPSY RMED?	AM	ERE AUTOPSY FINDIN	33
MEDICA				dise	all	2		1 [] YES 2	□ NO	OF	MPLETION OF CAUS DEATH?	iE
PHYSICIAN:	STATE OF MANA (FIRST, MISSER, LEST) DECEMBERTS AMARE (FIRST, MISSER, LEST) SOCIAL SECURITY TAMBERS SOCIAL SECURITY TOWN ON ILCOTRON OF SEATH (Security Tambers) SOCIAL SECURITY TOWN ON ILCOTRON OF SEATH (Security Tambers) SOCIAL SECURITY SECURITY TOWN ON ILCOTRON ON INCIDENT (Specify Two or No. 14 MISSER TAMBERS AND INSTERNATION OF SEATH (Security Tambers) SOCIAL SECURITY		_									
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 inpetient 2 ER/Outp	petient 3 DOA	OTHER:	l:	e 5 Residence						
PH	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. Ti		28c. INJU	URY AT	-	DESCRIBE HOW II	NJURY OCCUR	EO		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	(— At home, fam	n, street, facto		ES 2 NO	26t, L	OCATION (Street a	and Number or i	Rural Route	a Number,	\dashv
ETE	4 Homicide determined		<i></i>					Sity or Town, State)				
COMPLET	anal .	CIAN: To the best of my knowl R: On the basis of examination								ause(s) an	id manner as state	d.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		Lame	less m	CH	29c. LICENSE NUI D 5 44	WBER		29d, DATE SI	GNEO (MO	onth, Day, Year)	
0	30. NAME AND ADDRESS OF PERSON WHO	380/	ATH (ITEM 27) (TY)	pe, Print)	ma	D54.	nè	Selve	SPR	en 9	hed 209	306
	31. DATE FILED (Month, Day, Year) OCT 2.8 1992 \$\frac{9}{2}\$	32. REGISTRAR'S SIGN.	ATURE	-				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				



		1 - FOR STATE REGISTRAR	TATE OF MARYLAND / D	DEPARTMENT OF RTIFICATE OF		MENTAL HYGIEN REG. NO.	_	
		1. DECEDENT'S NAME (First, Middle, Last)	scher			2. DATE OF DEATH DO	5-199	3. TIME OF DEATH 2 / O A P M
		4. SOCIAL SECURITY NUMBER 5. S		YRS. WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year)	0.1	NRTHPLACE (State or Foreign Journey)
2, 3 should	O.B.	St. Joseph Hos	nd nymber)	96. CITY, TOWN	OR LOCATION OF DE		Ball	OF OEATH
ges 1, 2	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	77/00/	10c. CITY, TOWN OR LOCA	ATION		20011	10d. INSIDE CITY
permit. Pages 1,		Md		Baltim	OR E		44- 01717771	1 YES 2 NO
an. ransk pe	FUNERAL	2922 Harview Av			21214		u.s.	OF WHAT COUNTRY?
21215-0020 al or attending physician. for use as the burial-transit	ВУ	1 Never Married 2 Villarried	WAS DECEDENT EVER IN U.S. ARME FORCES? 1 ☐ YES 2 ☑ NO FYES, GIVE WAR OR DATES	If yes, a	CENDENT OF HISPAN pecify Cuban, Mexica S 2 NO Specify			RACE — American Indian, Black, White, etc. Specify: White
or atten	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade compile Elementary/Secondary (0-12) Col		DENT'S USUAL OCCUPAT kind of work done during m to NOT use retired.)	ION lost of working	16b. KIND OF BUS	SINESS/INDUST	
	14	17. FATHER'S NAME (First, Middle, Last)		ick Layen	1	Armac		Steel
MARYLAND 2121 retained by the hospital or att 5 should be detached for use notified at once.		Paul Fischer				ME (First, Middle, Meiden Weitzel	Sumame)	
	10	Mrs. Myrtle E. F.		MAILING ADDRESS (Street 922 Harvi				
BALTIMORE, ler death. Page 6 may be the funeral director, page wal.		20a. METHOD OF DISPOSITION 1	rom State 20b. PLACE ANI Gemetery, creme	DDATEOF DISPOSITION (A Mory or other place) and Pemor	ial Cam	DATE 20c. LO	CATION — City	or Town, State
SALTIMOR Geath. Page 6 ma e funeral director, p. H. examiner must		21. SIGNATURE OF FUNERAL BERVICE LICENSE	E	Hart	Leu Mil	Ler Fune.	ral HO	me.
after and the call of the call	_	23. PART I. Enter the diseases, or comp	lications that caused the deat	17527	Hanton	d rd. Ba.	lto	Md.2/234 Approximate
the tion,		shock, or heart failura. List o	only one cause on each line. WES PINA 7	rost y	FAI	LURE	17 300 0, 400	Interval Between Onset and Death
	N	Sequentially list conditions,	DUE TO (OR AS A CONSEQUE MAL/GNAN	ENCE OF):	PLE	UNAL E	FFU.	SION
C a lo lo	CATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO JOR AS A CONSEQUI	ENCE OF):				
P.O. th certification of other	CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE	ENCE OF):				
IL RECORDS, F law requires that the death as been signed by the atter Bopt. of Health and Mental 23 shows any Injury, o	CAL CI	PART II. Other aignificant conditions cor	ntributing to death but not res	uiting in the underlying	ng cause given in	Part i. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
L RECOF law requires tha as been signed lept, of Health a 23 shows any	MEDIC					1 YES 2	- /	COMPLETION OF CAUSE OF DEATH?
/ITAL RI N: The law red State Dept. of Item 23 sh	AN: N	25. WAS CASE REFERRED TO MEDICAL		20.5	N ACE OF DEATH ON			
> 4 = 0 b	PHYSICIAN:	EXAMINER? 1 YES 2 TO NO 1 O	SPITAL: Vipetient 2 - ER/Outpatient 3 -	OTHER:	me 5 Residence			
ION OF NDING PHYSIC IS: After this cert death with the Is marked, of the Is marked,	ву Рн	27. MANNIFR OF DEATH 1 Netural S Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day Man)	INJURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURE	1
S Hade S	8		28a. PLACE OF INJURY — At home building, etc. (Specify)	, farm, street, factory, offi	ce	281. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,
E AK =	COMPLET		To the best of my knowledge, death the basis of examination and/or inv					
THE HOSPITAL THE FUNERAL flied within 72 ?	BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	$m \cdot \mathcal{D}$.	ostigation, in my opinion,	29c. LICENSE NUN			SNED (Month, Day, Year)
2	9	30. NAME AND ADDRESS OF PERSON WHO COM	IPLETED CAUSE OF DEATH (ITEM :	27) (Type, Print)	1023	1045	16	-15-92
(1		EDYANOO 0'. 31. DATE FILED (MOQUE, DOV. YOR) 0 0	LAYUL,	MD; 76	20400	KM;	1384	t M. Hook
		UCI 28 1992 g	ma handone					



1	STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERT	IFICATE	OF	DEAT	Ή	F	EG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last) Stewa	art B.	Green					2. DATE OF MONTH		<u> </u>	92	3. TIME OF DEATH 6:50p M
	4. SOCIAL SECURITY NUMBER 229-01-6570	ř(★M 2 🗆 F	GE (In yrs. lest birtho	MONTHS	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF 1 (Month, De 10-1	BIRTTN by, Ybar 1	7	a. BIRTH	PLACE (State or Foreign rginia
TOR	90. FACILITY NAME (If not institution, give st Church Hospi			9b. CITY,		Ltim		City		9c. COL	JNTY OF DE	
DIRECTOR	10a. STATE 10b. COUNTY		10c.	. CITY, TOWN O	Ba	ltim	o e e	City				10d. INSIDE CITY LIMITS? 17 YES 2 NO
FUNERAL	853 McAleer	Court	•	_	101	212	02			10g. CIT	IZEN OF W	I.S.
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR O	ER IN U.S. ARMED ES 2 NO R DATES	1	f yes, sp	ENDENT OF	F NISPAN , Mexicar Specify	IC ORIGIN? (S n, Puerto Ricar :	pecify Yes	or No—	14. RACE Black, Specify	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind	nt's usual od d of work done of OT use retired.) Retire	furing mo.	ON st of working	7		Labo			ruction
BE COM	17. FATHER'S NAME (First, Middle, Lest) Willie Green	n				18. MOTH	er's nam	tha M	all c	Sumeme)		
TO B	190. INFORMANT'S NAME (Type/Print) Stewart Green	Jr.	19b. MAR 15	Walt	(Street a	nd Number	ive	Geor	geT	o, State, Zi	Del	laware
	20a. METHOD OF DISPOSITION 5, D'Buriel 2 Cremetion 3 Remo	oval from State	20b. PLACE AND DA	or other place)	apt.	. CH	. C	DATE em.	Lo	uisa	City or Tow	, VA.
	21. SIGNATURE OF FUNERAL SERVICE LIC	1	#28					s F/H MD. 2			27 N.	Monroe
	23. PART I. Enter the diseases, or cahock, or heert failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse of	sed the deeth. In each line.			de of dylr	ng, auch	es cardiec	or reapi	ratory ar	reat,	Approximata Interval Between Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE UNDER THE SECOND SECO	E 0F):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		S A CONSEQUENCE		4	PER	415	***************************************				
DICAL CI	PART II. Other algnificant conditions				derlying	cause gi	ven in F	Part I. 24a	. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	RESPIRA	012 4 I	MUCE					_ 10	YES 2	CMO		COMPLETION OF CAUSE OF DEATH? 1 _ YES 2 _ NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	:	ACE OF DE						
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJUI (Month, Day, Yea	7Y 28b.	TIME OF INJURY	28c. INJL WOI 1 Y	JRY AT RK?		Other (Sp. 28d. DESCRIE		JURY OC	CURED	
_	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJU building, stc. (S	JRY — At home, far Specify)	m, street, facto	Hry, office			26f. LOCATION	N (Strent e wn, Stete)	nd Number	r or Rural Ro	ute Number,
COMPLETED	20e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	ZIAN: To the best of my kr										and manner so stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	~~				29c. LICEN	SE NUMI	BER 74		29d. DAT	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	MOTEN	20		1 81	LOPH	nuc	44 R	SAL	ī.	sne	mo 21231
	31. DATE FILEDYMONIN, Day. Year)	32. REGISTRAR'S S	GNATURE									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

Miles of Carlos Police

LION ALIENDING PRINCIAN; THE LAW REQUIRES THAT THE DESTRICTED WITH THE THAT THE THAT DESTRUCTED WITH THE HOSP	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	
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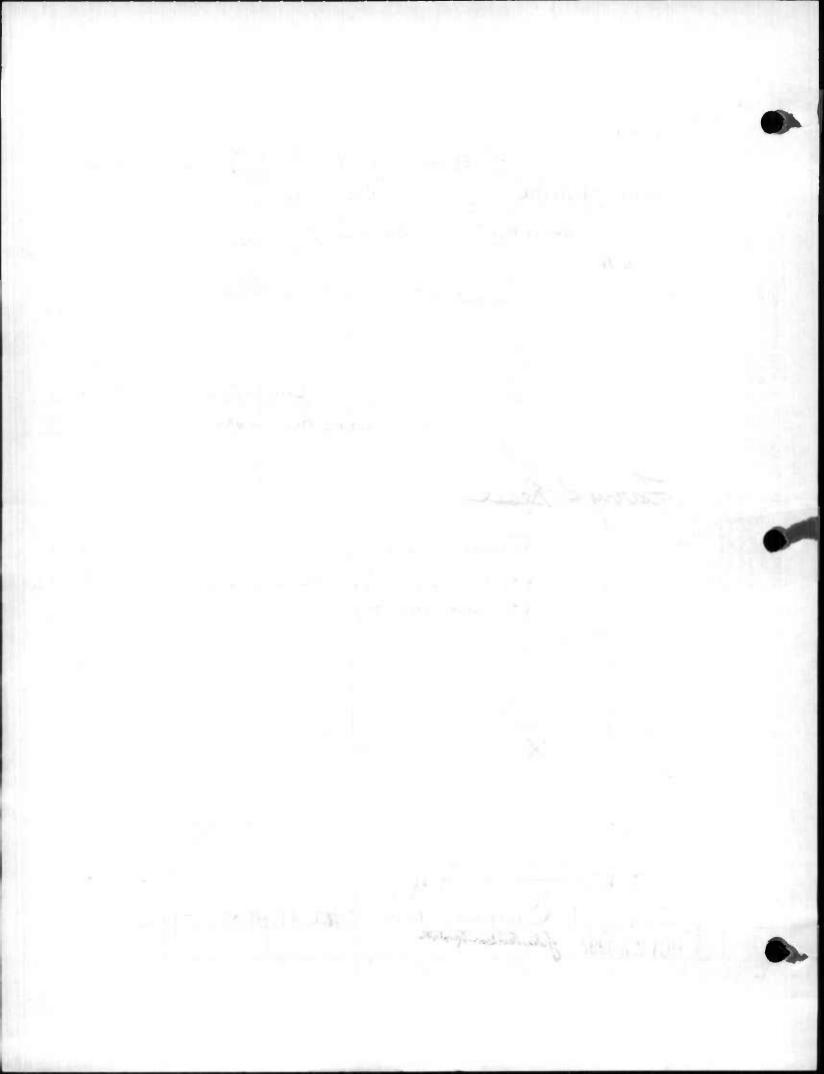
31. DATE FILED (Month, Day, Year)
OCT 2 8 1992

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S STONATURE DE L'AUTOLON MONTE DE L'A

	REGISTRAR		RYLAND / DEPAI CERTIF	ICATE	OF DEATH		REG. NO.		
- 3	1. DECEDENT'S NAME (First, Middle, Last)					MOI	- 4 1	, x	3. TIME OF DEATH
	JANAY 6	O. T.	NAY CREEN	IF UNDER	t YEAR IF UNDER 24 H		E OF BIRTH		BIRTHPLACE (State or Foreign
	NA		32 DAYS YRS.	MONTHS		IN. (Mo	110/9Z		Country) MARYLAUL
_	Se. FACILITY NAME (If not institution, give				TOWN OR LOCATION	OF DEATH		9c. COUNTY	OF DEATH
DIRECTOR	SINAI HOSPI	THE		BF	KTIMORE				BALT CITY
	10a. STATE 10b. COUNT	_	10c. Cr	TY, TOWN O	R LOCATION				10d. INSIDE CITY
	100. STREET AND NUMBER	co.	GI i	I BUF	RNIE				1 TES 2 NO
FUNERAL	134 SLOANE DRIVE	Ξ			101. ZIP CODE 21061			US.	N OF WHAT COUNTRY?
2	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	1 1	MAS DECENDENT OF H t yes, specify Cuban, M PES 2 NO S	exican, Puert	SIN? (Specify Yaa o Rican, etc.)	or No 14	. RACE — American Indian, Black, White, atc. Specity: BLACK
3	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S	USUAL OC	CCUPATION furing most of working	1	6b. KIND OF BUSI	NESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT L	JA	and most or working				
5	17. FATHER'S NAME (First, Middle, Last)						t, Middle, Maiden S		-
8	LONALD I. STANSB'	URY. JR.				CILLE			JCILLE GREEN
2	LUCILLE GREEN				(Street and Number or F				
	20s. METHOD OF DISPOSITION	eramon v. amin	20b. PLACE AND DATE		TION (Name of				or Town, State
	1 Donation 6 Other (Specify)	noval from Stata	HENSON CE		RY	10/	16/92 AI		
	23. PART I. Enter the glécesea, or ahock, or/heart fellure.	Rease complications that ce	bused the deeth. Do		ESE AND S I WEST ST				, Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	FUNE	AS A CONSEQUENCE OF	-	5				Interval Betwo
	Sequentially list conditions,	· Nicho	JUNZUC	5 8	JEROC	OLIT	15		3 We
<u> </u>	If any, leading to immediate cause. Enter UNDERLYING		AS A CONSEQUENCE OF	. ,.					711
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST		AS A CONSEQUENCE O						312
1 0	PART II. Other algnificent condition	ne contributing to des	ith but not resulting	in the uni	derlying cause give	n in Part I	24a. WAS AN A	Vegotili	24b. WERE AUTOPSY FINDIN
MEDICA					off (Ca. 1877)		PERFORM 1 YES 2	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
									1 TES 2 NO
A I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSPITAL:		OTHER	26. PLACE OF DEATH	Check only	one)		
2	1 TYES 2 NO	1 Dispetient 2 ER	/Outpetient 3 DOA URY 28b. TIR		ing Home 5 - Reside	-		HIRV ACCUM	
HYSICI	27. MANNER OF DEATH			JURY	WORK?		EŞCRIBE HOW IN	JUHY OCCUM	EU
	1 Netural 5 Pending	(Month, Day, Ye		M	1 YES 2 NO				
ED BY	2-1		JURY At home, term.	street, facto		281. LC	CATION (Street and by or Town, State)	d Number or	Rural Route Number,
MPLETED BY PHYSICIAN:	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER Check only	28e. PLACE OF IN. building, etc.	JURY — At home, term, (Specify)	red at the tir	me, date and place, and	due to the c	y or Town, State)	er an stated.	
D BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER Check only	28e. PLACE OF IN. building, etc.	JURY — At home, term, (Specify)	red at the tir	me, date and place, and	due to the c	ny or Town, State) ause(a) and menn ita and place, and	er as stated, due to the c	Rural Route Number, suse(a) and manner as stated GNED (Mogth, Day, Year)

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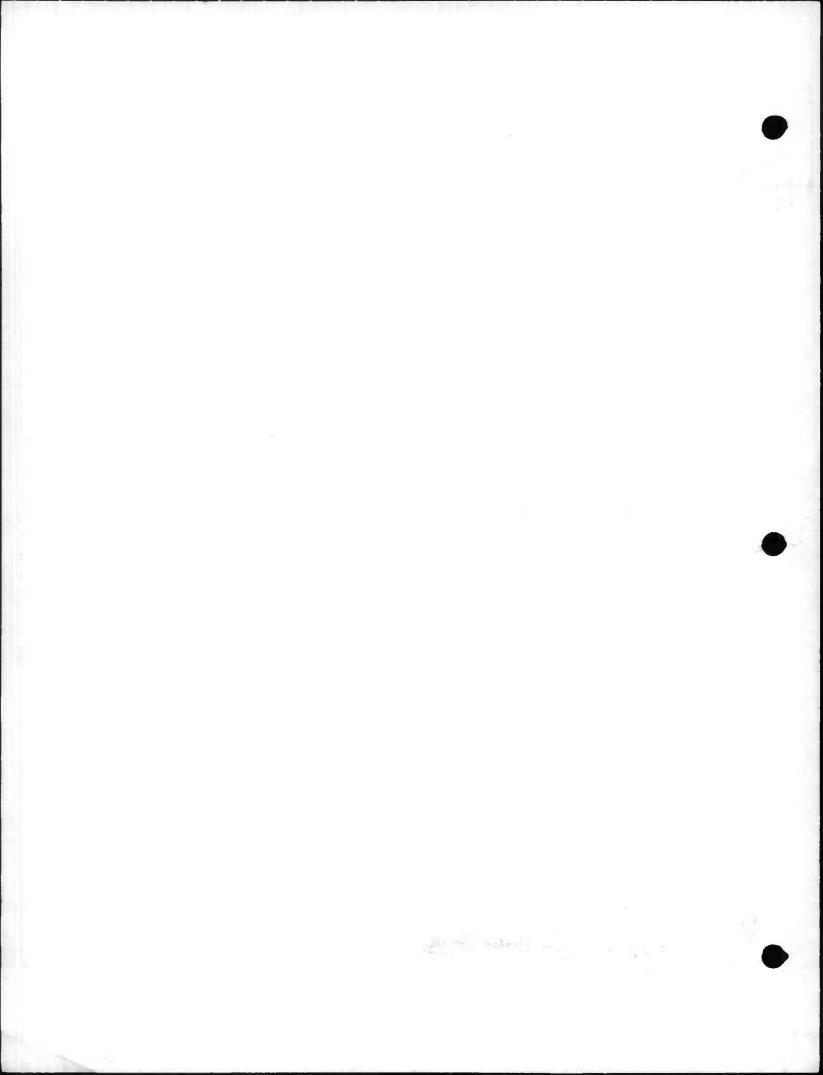


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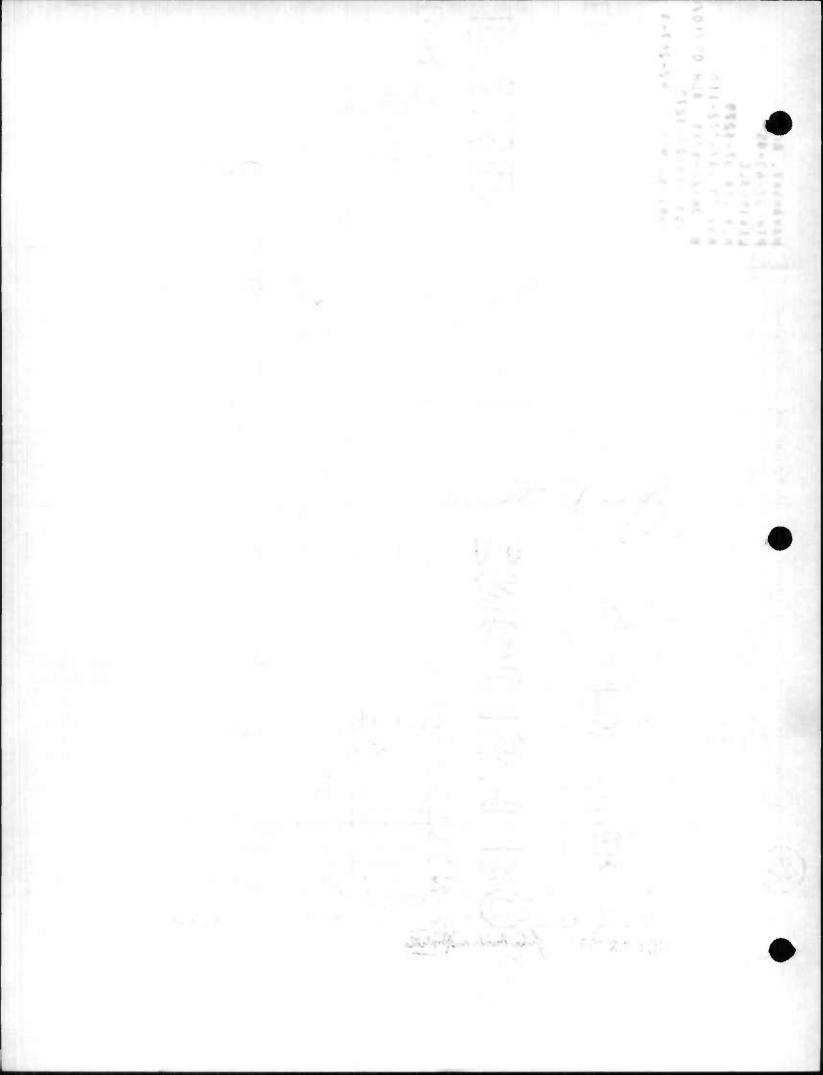
	1. DECEDENT'S NAME (First, Middle, Last) LOUIS HARRISO					2. DATE OF DEATH MONTH DA		YEAR 3. TIME OF DEATH 1/ : 65 P			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthd			7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign			
	246-40-8693	1 🔀 M 2 🗆 F	72 YR	B. MONTHS DA	'S HOURS MH.	(Month, Day, Year)	170	N. CAROLIN			
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	N OR LOCATION OF D			TY OF DEATH			
DIRECTOR	CHURCH HOME H	OSPITAL		I	BALTIMORI	Ε					
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ry	10c.	CITY, TOWN OR LO	CATION		-	10d. INSIDE CITY			
DIA	MARYLAND			BAL	IMORE			LIMITS?			
AL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?			
E	1511 ELLWOOD	AVENUE			21213	3		USA			
FUN	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDER	T EVER IN U.S. ARMED	13, WAS	DECENDENT OF NISPA , specify Cuban, Mexico	NIC ORIGIN? (Specify Yes	or No- 1	14. RACE — American Indian, Black, White, etc.			
BY	3 Widowed 4 Divorced	1942	MAR OR DATES		YES 2 NO Speci			Specify:			
	15. DECEDENT'S ED	UCATION	16a. DECEDEN	T'S USUAL OCCUP	ATION	18b, KIND OF BUS	SINESS/INDU	Black			
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5	(Give kind	of work done during T use retired.)	most of working						
AP.			"								
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)				
BE (LOUIS HARRIS	ON, SR.			IRE	VE WILLIA	MS				
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town	n, Stata, Zip C	Code)			
-	LOUTISHA HARI	RISON	151.	l ELLWO	OD AVE	BALTIMOR	E, MI	D 21213			
	20s. METHOD OF DISPOSITION 1										
	4 Donetton 5 Dother (Specify) MARYLAND NATIONAL CEM. LAUREL, MARYLAND										
	22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME										
	23 PART LEtter the diseases, or complications that saused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
	23. PARTA. Enter the diseases, or	complications the					61 V 4	DIVOTE STEVI			
	shock, or heart failure	List only one car	it saused the death. Duse on each line.	o not enter the	mode of dying, suc	ch as cardiac or respi	iratory arre	st, Approximate			
	IMMEDIATE CAUSE (Final	List only one car	use on each line.		mode of dying, suc	ch as cardiac or respi	ratory arre	et, Approximata Interval Betwe			
	Strock, or heart failure	a	Carolio V	reular	mode of dying, suc	ch as cardiac or respi	ratory arre	Approximata Interval Betwee Onset and Dec			
	iMMEDIATE CAUSE (Final disease or condition	a. DUE TO	cardio V	scular	Cecep.	ch as cardiac or respi	ratory arre-	et, Approximata Interval Betwe			
ION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. DUE TO	o (OR AS A CONSEQUENCE	scular Pres	Ceceap.	ch as cardiac or respi	ratory arre	st, Approximata Interval Betwee Onset and De			
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IFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	o (OR AS A CONSEQUENCE	esofic	Ceceap.	ch as cardiac or respi	ratory arre	st, Approximata Interval Betwee Onset and De			
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4	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	a. DUE TO b. DUE TO C. DUE TO d.	O (OR AS A CONSEQUENCE A IT HOSC O (OR AS A CONSEQUENCE A IT HOSC O (OR AS A CONSEQUENCE HY PETTERNS)	Scular Freu Freu E ob: Coro ti'C	Cercap. Carap. Cardio	ch as cardiac or respi	AUTOPSY MED?	Approximate Interval Betwee Onset and Design Con			
MEDICAL	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	a. DUE TO b. DUE TO C. DUE TO d.	O (OR AS A CONSEQUENCE A IT HOSC O (OR AS A CONSEQUENCE A IT HOSC O (OR AS A CONSEQUENCE HY PETTERNS)	Scular Freu Freu E ob: Coro ti'C	Cercap. Carap. Cardio	Ch as cardiac or respi	AUTOPSY MED?	Approximate Interval Betwee Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Dec Dec Dec Dec Dec Dec Dec Dec Dec			
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Julia Davidson August

OCT 28 1992



	STATE STATE STATE OF MARYLAND	/ DEPAR	ICAT	E OF	EALTH DEAT	AND N	MENTAL HYGIEN REG. NO.	Ė		
	1. DECEDENT'S NAME (First, Middle, Last) ROSE HARANSKY						2. DATE OF DEATH MONTH DA	, 9	YEAR E	3. TIME OF DEATH
	4.00CIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. Is 1 M 2 X XF 81	birthday)	IF UNDE	DAYB	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH			LACE (State or Foreign YLAND
9B	DESTRICTION NAME (If not institution, give street and number) LEVINDALE	rns.		Y, TOWN OF		ON OF DE	6-22-19 ATH		TY OF DEA	
DIRECTÓR	RESIDENCE OF DECEDENT 104. STATE 106. COUNTY	10c. CIT	y TOWN	OR LOCATION	ON				1.	IOd. INSIDE CITY
E	MARYLAND	33.5		TIMOE					100	LIMITS?
	10e. STREET AND NUMBER			7	ZIP CODE	E		10g. CITI	ZEN OF WH	IAT COUNTRY?
FUNERAL	2434 W. BELVEDERE AVE.					212			USA	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Drorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 22 IF YES, GIVE WAR OR DATES	NO NO	13		city Qube	n, Mexica	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No	Black,	American Indian, White, etc. WHITE
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S	USUAL (OCCUPATION during mos	N t of workin	10	16b. KIND OF BUS	INESS/IND	USTRY	
COMPLETED		lfe. Do NOT u	se retired.	WIFE			АТ Н	OME		
BE CO	17. FATHER'S NAME (First, Middle, Leet) MORRIS KLEIN				16. MOT		ME (First, Middle, Melden FLAX	Surname)		
10 8	190. INFORMANT'S NAME (Typo/Print) MISS MARCIA E. KRAMER						BALTO., M			
		BREW				10-	26-92 BAL	CATION — TIMOI	City or Tow RE, M	n, State D
	21. SEPATURE OF FUNERAL SERVICE LICENSEE						ETBROS., IN TOWN RD. B		.,MD	21215
	23. PAHT I. Enter the diseases, or complications that caused the caused that caused the cause on each life in the cause of the cause of cause or candition resulting in death) Due to (OR AS A CONSTITUTE OF THE CAUSE (Final disease or condition resulting in death)	HY	Ro		-	ing, such		ratory arr	rest,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if eny, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST								_	
MEDICAL CI	PART II. Other significant conditions contributing to death but not	t resulting	in the u	underlying	cause	given in	Part I. 24s. WAS AN PERFOF	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Z	CHRONIC SCHIZ	10	H	351	7	A				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		ОТНЕ		ACE OF D	EATH (Ch	eck only one)			
14S	1 YES 2 The 1 Inpetient 2 ER/Outpetient 27. MANNER OF DEATH 28e. DATE OF INJURY	3 DOA 28b, TH		28c. INJU		esidence	6 Other (Specify) 28d, DESCRIBE HOW I	N.IURY OC	CURED	
	Natural 8 Pending (Month, Day, Year)		JURY	1 WO	RK?] NO		•		
TED BY	2 Accident Investigation 3 Suicide S Could not be detarmined 28s. PLACE OF INJURY — At building, etc. (Specify)	home, ferm,	street, fa	ictory, office			281, LOCATION (Street City or Town, State)		r or Aural Ac	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/a									and manner on stated
ве со	296. SIGNATURE AND TITLE OF CERTIFIER		ori, or my	CL (A		ENSE NUI				Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I'	TEM 270 /5-	a Print		_	12 8	680	-	0	25/95
	6717 PARK HEIG	-47	5	K	38	~	2121	5		
	31. DATE FILED (Month, Day, Year)	della								



TENTION OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician. The FALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should at the marked, or Heath and Merital Hyghen prior to burial, cremation, or removal. The FALL Stein State Dept. or Heath and Merital Hyghen prior to burial, cremation, or removal.	SOLITIONE, MAN LAND SIZIS-0020	3 after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the hund-transit permit. Page 1.2.3 should	emoral.	dical examiner must be notified at once.
AND DESCRIPTION OF THE PARTY.	SALIMONE, MANIENE SIZIS-0020	PROPERTY OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	PINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir	where 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IKARL II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

29952 92 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO

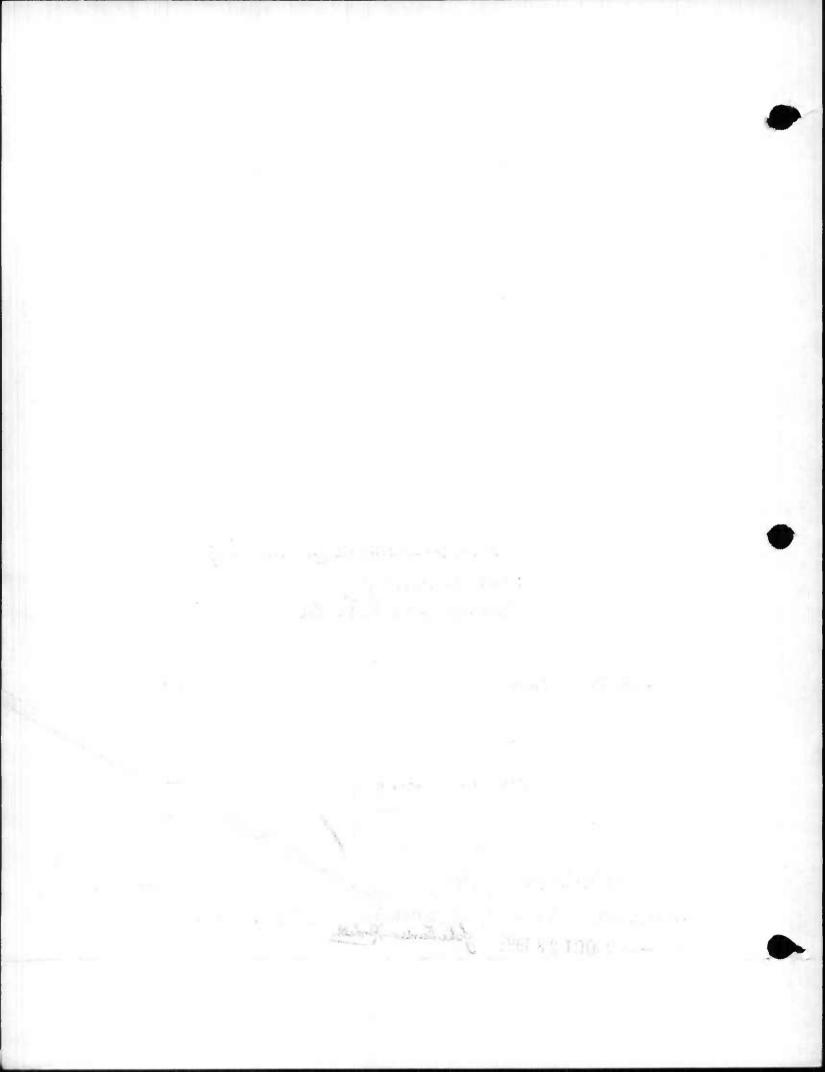
	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF		MENTAL HYGIENE REG. NO.	92 29952
	1. DECEDENT'S NAME (First, Middle, Last) LOUISE E	lizabeth Hous	ston		2. DATE OF DEATH DAY 10 22	1992 11 PM
	4. SOCIAL SECURITY NUMBER 217-03-3490 9a. FACILITY NAME (If not institution, give s	5. SEX 6. AGE (in yrs.)	lest birthday) IF UNDER 1 YEA	S HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 10 13 1	8. BIRTHPLACE (State or Foreign Country) Maryland
стоя	Church Hospita			MORE CIT		9c. COUNTY OF DEATH
DIRECTOR	Maryland 10b. count	Baltimore	10c. CITY, TOWN OR LO		ıdalk	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO
FUNERAL	9 Midway Avenu				1222	U.S.A.
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. / FORCES? 1 Tyes 2 1 IF YES, GIVE WAR OR DATES	NO If yes	DECENDENT OF HISPAI , specify Cuben, Mexics YES 2 NO Specif		or No— 14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		DECEDENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use retired.)	ATION I most of working	16b. KIND OF BUSI	NESS/INDUSTRY
	6th Grade 17. FATHER'S NAME (First, Middle, Last) Jacob Leidner		Homemaker	18. MOTHER'S NA	ME (First, Middle, Meiden S. e Yeager	Home urname)
TO BE	18a. INFORMANT'S NAME (Type/Print) Lillian Gaa		196. MAILING ADDRESS (Stre	et and Number or Rural		State, Zip Code) ZNd 21222
	20a, METHOD OF DISPOSITION WIXBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	Mea	EAND DATE OF DISPOSITION Cremetory or other place)			ATION — City or Town, State
	21. SIGNATURE OF FUNDMAL SERVICE LIC	E. Lens	Dude	and address of fa Ruck Fun	ceral Home of	of Dundalk, Inc.
	23. PART I. Enter the diseases, or shock, or heart-fetture. IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (0) AS A CONS	death. Do not enter the	mode of dying, suc	h aa cardiec or respira	atory arrest, Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI				
MEDICAL	PART II. Other significant condition	e contributing to death but not	t resulting in the underly	ring cause given in	Part I. 24a. WAS AN AI PERFORM 1 YES 2	ED? AMILABLE PRIOR TO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 - NO	HOSPUAL: 1 Therient 2 ER/Outpatient	OTHER:	PLACE OF DEATH (Ch		
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Yeer)	26b. TIME OF 28c.	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW INJ	JURY OCCURED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, stc. (Specify)	home, ferm, street, factory, o	ffice	281. LOCATION (Street end City or Town, State)	d Number or Rural Route Number,
COMPLETED		CIAN: To the best of my knowledge, d R: On the baels of exemination end/or				er ee atsted. due to the ceuse(e) end menner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES	rell MO		29c. UCENSE NUN	OCO ()	29d. DATE SIGNED (Month, Day, 16er)
	30. NAME AND ADDRESS OF PERSON WH	ER 160	N Broca	laray 1	BaH M	. Δ
	31. DATE (11CF) 1007. 28 1992	82 REGISTRAR'S SIGNATURE	rdelle.	7		

of the state of th

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOST LAND ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hr		be him and a start of a start of a start of the start of the and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPART ERTIFI					NTAL HYGIEN	_	2 6	29953
	LEONA	Leona E.	Нау	PAY	ES			DATE OF DEATH MONTH D		YEAR 3.	TIME OF GEATH
	4. SOCIAL SECURITY NUMBER 5. S. S. S. 214389387	SEX S. AGE (In yrs. last		IF UNDER 1 1		IF UNDER 24		DATE OF BIRTH (Month, Pay, Year)		Country)	ACE (State or Foreign
OB	9a. FACILITY NAME (If not institution, give street er Good Samaritan					MOT	OF DEATH		9c. COUNT	Y OF DEAT	Н
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR	LOCATIO	ON				10	d. INSIDE CITY
	Maryland		Ва	1tim	ore	2					LIMITS? TYES 2 NO
FUNERAL	100. STREET AND NUMBER 1103 E. Belvede	re Avenue	Apt	. D		21239	9			N OF WHA	T COUNTRY?
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES X NO Specify:									Black, W	American Indian, filte, etc. Black	
밀	15. DECEDENT'S EDUCATION (Specify only highest grade complete the complete that the complete the complete that the compl		CEDENT'S U	JSUAL OCC	UPATION	of working		16b. KIND OF BUS	BINESS/INDUS	STRY	
COMPLETED	Elementary/Secondary (0-12) Coll	lege (1-4 Of 5+)	ouse								
	17. FATHER'S NAME (First, Middle, Lest)		_					First, Middle, Maiden	Sumame)		
BE	Henry Spence 190. INFORMANT'S NAME (Type/Print)		MARINO.	ADDRESS (N==4 ===		tili	A Number, City or Town			
2	Rudolph D. Hayes							ve., Ba			21239 Md
	20e. METHOD OF DISPOSITION ↑ Description 1 Permoval fr	20b PLACE A	AND OATE OF	F DISPOSITI					CATION - CH		
	4 Donation 8 Other (Specify)	West		Star			of FACILIT				
	· Demy the	ando		Le	roy	/ Hai	rris	F/H Ba	1time	ore,	mor St. Md21217
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Electrolyte. Imbalan (electrolyte) are provided in the cause of the cause o								it,	Approximate Interval Between Onset end Death		
CERTIFICATION	Sequentielly liet conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	Terminal DUE TO (OR AS A CONSEC	Pan (JUENCE OF)	recet							
PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. Diabetes mellitus 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 DIRO OF								RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:			26. PLA	CE OF DEA	TH (Check o	nly one)			
IYSI	1 YES 2 LATO 1 ET	Inpatient 2 ER/Outpatient 3	□ DOA 4				-	Other (Specify)			
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY	WORK	</td <td></td> <td>I. DESCRIBE HOW II</td> <td>NJURY OCCU</td> <td>RED</td> <td></td>		I. DESCRIBE HOW II	NJURY OCCU	RED	
ED BY	2 See. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)										Number,
ETE	4 Homicide determined										
COMPLET	(Check only	To the best of my knowledge, dea the basis of examination end/or in									d manner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER MEMORINALE	a [Intern]			2	9c. LICENS	E NUMBER			IGNED (Mo	orth, Day, Year)
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the linear director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deriv. or Health and Mental Hyghere prior to Purial, cremation, or removal.

IMPORTANT: If New 28 is marked, or New 38 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AN	MENTAL HYG						
	1. DECEDENT'S NAME (First, Middle, Last) BETTY LE	EE HOFFMAN			2. DATE OF DEAL	DH ZDAY YE	3. TIME OF DEATH 4:45 AM M				
	4. SOCIAL SECURITY NUMBER 220-22-1757 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR BURDER 14 HRS. T. DATE OF BIRTH (Month, Day, Year) MARCH 23, 192 7 MARX 9a. FACILITY NAME (II not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT										
TOR	4515 MARYKNOLL F		36.	BALTIMO			TIMORE				
AL DIRECTOR	10a. STATE 10b. COUNT MARYLAND 10a. STREET AND NUMBER	BALTIMORE	1000	WN OR LOCATION BALTIMORE 100, ZIP CODE		10s. CITIZEN	10d, INSIDE CITY LIMITS? 1 VES 2 WAY OF WHAT COUNTRY?				
FUNERAL	4515 MARYKNOLL			21208	<u>. </u>	USA					
B¥	11. MARITAL STATUS 1 Never Married AXX Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED	13. WAS DECENDENT OF HIS If yes, specify Cyben, Me: 1 YES 2 NO Sp	cican, Puerto Rican, etc	i.)	RACE — American Indian, Black, White, etc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) 2 ^{College (1-4 or 5+)}	life. Do NOT use reti	lone during most of working	100000000000000000000000000000000000000	F BUSINESS/INDUST	RY				
BE CON	17. FATHER'S NAME (First, Middle, Last) WILLIAM M. S(CHREIBER			MA FEDDER	elden Sumame)					
TO B	190. INFORMANT'S NAME (Type/Print) MR SIDNEY HOE	FMAN	196. MAILING ADD 4515	RESS (Street and Number or Ru MARYKNOLL R	nd Route Number, City of D. BALTIMO	DRE, MD 2	1208				
	20a. METHOD OF DISPOSITION 1 M. Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		PLACE AND DATE OF DIS atery, crematory or other p CHIZUK A	lacel	1	c. LOCATION — CHY BALTIMORE					
	21. SIGNATURE OF FUNERAL SERVICE CH	Senser Ser	175	22. NAME AND ADDRESS OF SOL LEVINS 6010 REIST	FACILITY ON & BROS	.,INC.					
	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, indicated a such as cardiac or respiratory arrest, interval Between Onset and Death Approximata Interval Between Onset and Death										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C	CONSEQUENCE OF):	olon Can	Ce						
ERTIF	that initiated events resulting in death) LAST	d	CONSEQUENCE OF):								
PHYSICIAN: MEDICAL (PART II. Other significant condition	ns contributing to death b	ut not resulting in th	e underlying cause given	PE	S AN AUTOPSY REFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
IAN	25, WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one)						
rsic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outp		HER: Nursing Home 5 - Residen)					
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE H	OW INJURY OCCURE	ED .				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	2 Accident Investigation 3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, building, etc. (Spanify)									
COMPLET		ICIAN: To the best of my knowl					use(s) and manner as stated.				
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	1		29c. LICENSE			SNED (Month, Day, Year)				
TO B	Xomes	A) MD		D33	472	10/	26/92				
	SE MAME AND ADDRESS OF PERSON WITH	PARNES	22 Committee (Co. 4 May 18 24.13)								
31. DATE-FILED (MONTH, Day, 1601) 32. REGISTRAP'S SIGNATURE 100 Deviden Andelle											



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DIVISION OF VITAL RECORDS, P.O. BOX 68760, Complete the properties that the death certificate be executed within

TO BE COMPLETED BY FLINEBAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
l examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
a certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	TO THE PURENT DIRECTOR AND THE CONTINUES OF THE STATE OF THE ATTENDING PHYSICIAN AND COMPLETEN FILLED IN 15
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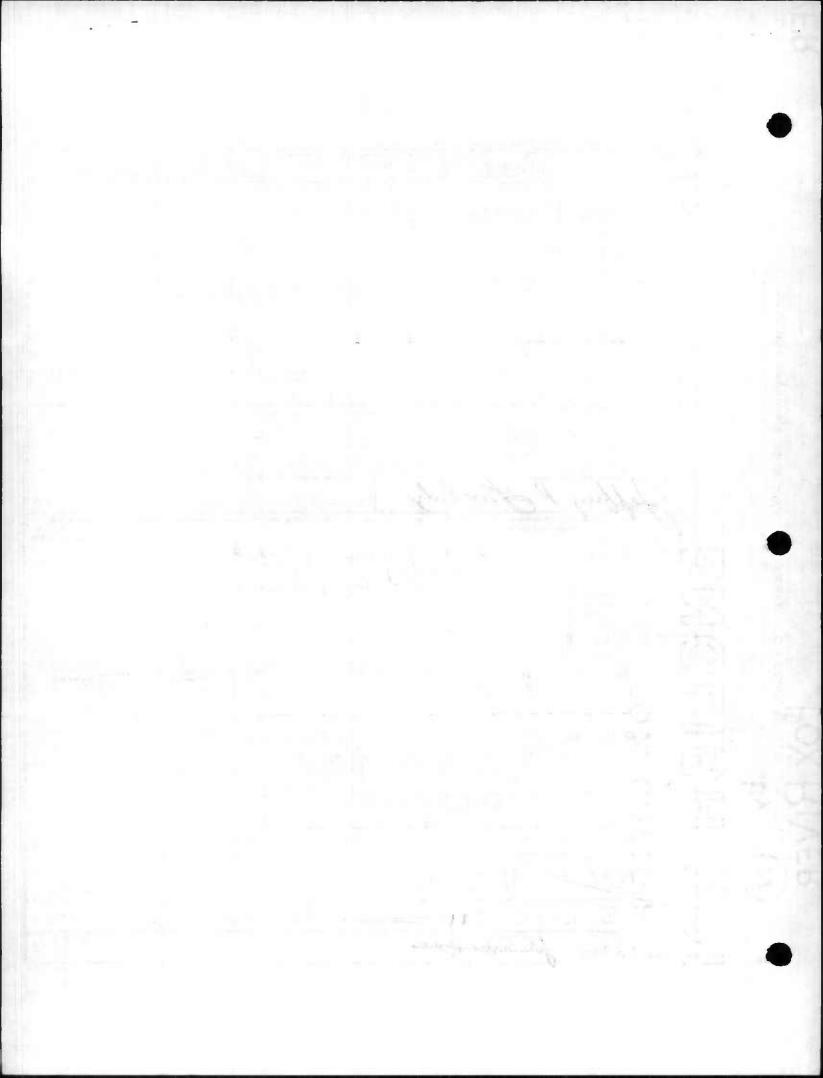
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO

67		1. DECEDENT'S NAME (First	****			OLIN	III ICA	IL U	r DEA	П		HEG. NO.			
				n Haakn	222						2. DATE OF	22-DEATH	100	YEAR	3. TIME OF DEATH A
		Margaret 4. Social Security Nume		5. SEX	-	In yrs. lest birth	ded E in	IDER 1 YEAR		R 24 HRS.	7. DATE OF		190		LACE (State or Foreign
		216-28-08		1 🗆 M 2 🔣 💥	8	4	MONT			MIN,	(Month, E	Day; Year)	1011	Country	
3 should		9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. C	TY. TOW	N OR LOCAT	ION OF DE		11-	1911	MTY OF DE	ryland
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rt. Pages	DIRE	Md .	Balt	imore			Dund		CATION						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
nsit permit.	FUNERAL	100. STREET AND NUMBER 15 Admira		d.					101. ZIP COI			10g. CITIZEN OF U.S.A			
5-0020 nding physician. is the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 🔀 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	YES	2 NO		If yes,	ECENDENT specify Cub ES 2 1 NO	en, Mexice	NIC ORIGIN? (in, Puerto Rici):	Specify Yes an, etc.)	or No-	14. RACE Black, Specify Whit	
or attending	8	15. DEC	EDENT'S EDU	CATION		16a. DECEDE	NT'S USUA	L OCCUPA	TION		18b. KI	IND OF BUS	INESS/INC		.e
of or us	COMPLETED	(Specify one Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5	+)	(Give kin life. Do N	Sa. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)								
AND 2 he hospital of detached for once.	₽ F	12		+ 2		Tea	Teacher					alto	. Co	unty	7
be de ou et ou	ш	17. FATHER'S NAME (First, M John Brow							Ia. Mor	THER'S NA UISE	ME (First, Mid Pate	dle, Maiden S 21501	Sumeme) N		
may be retained by the record of the retained by the retained by the record of the retained be retained at the retailed at the	TO B	19a. INFORMANT'S NAME (7									Route Number,				
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6 may ctor, p		20a, METHOD OF DISPOSITI	n 3 🗆 Rem	ovel from State	ceme	PLACE AND D etery, cremator oudon	or other pla	cel		erv	1.0-2			City or Tow	
death. Page tuneral dire		21. SIGNATURE OF FUNERA	L SERVICE LIC	Edisc	on M		1	22. NAME	AND ADDR	ESS OF FA	CHITY				
W - 2 -		DOOO83 2134 WIllow Spring Rd., Dundalk, Md. 212													
h certificate be executed within 24 hours after inding physician and completely filled in by the Hygiene prior to burial, cremation, or remover other traumatic event, the medical	CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condition and the cause. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAS	dons, dilate NG ry	с.	OF AS A	CONSEDUEN	CE OF):	fe	br	là	Cien				Interval Between Onset and Death
the death the attend Mental Injury, o		PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS													
signed by Health and	MEDICAL	- Ann II. Other significa	THE CONDITION	s contributing to	death bu	ut not result	ing in the	underly	ing cause	given in		PERFORI	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Dept 23	SICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					26	PLACE OF	DEATH #05	eck only one)				
F 2 2 5	Sic	EXAMINER?		HOSPITAL:	ER/Outpa	atient 3 D	OTH	IER:		/	6 Other (S	Sanattul.			
NG PHYSICIA ther this certi eath with the marked, or	PHY		Pending	28a. DATE OF (Month, E	INJURY		TIME OF	28c.	NJURY AT WORK?		_	HBE HOW IN	JURY OC	CURED	
) 5 4 5 ml	ED BY	3 Suicide 6	Could not be determined	28e. PLACE C	F INJURY	— At home, fe	orm, street,				261. LOCATI City or	ON (Street el Town, State)	nd Number	or Rural Ro	ute Number,
OR ATTENI DIRECTOR: hours after	E	29a. CERTIFIER							5.5 AMT 17117				w/ n ==		
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60	OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours af
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	1 - STATE REGISTRAR		CERT	IFICATE	F HEALTH AND OF DEATH	REG. NO							
	1. OECEOENT'S NAME (First, Middle, Last PEARL 4. SOCIAL SECURITY NUMBER	P. HOLLO				OCTOBER	24 19						
	215-56-7490 Par. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	6. AGE (In yrs. last birtho	S. MONTHS DA	AR IF UNDER 24 HRS. WE HOURS MIN. WN OR LOCATION OF O	SEPT.14,	1896	BIRTHPLACE (State or Foreig Country) VIRGINIA					
TOR	2643 PUTNAM RO				ST HILL	-Ain	HARF						
DIRECTOR		HARFORD	10c.	MON K				10d. INSIDE CITY LIMITS? 1 TYES 2 THE					
VERAL	100. STREET AND NUMBER 4150 OLD YORK	ROAD			101. ZIP COOE 21111		UNIT						
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced		EVER IN U.S. ARMEO YES 2 X NO AR OR DATES	If ye	OECENOENT OF HISPA s, specify Cuben, Maxico YES 2 X NO Specif	in, Puerto Rican, etc.)	es or No— 14	. RACE — American Indian, Black, Whita, atc. Specify: WHITE					
PLETED	15. OECEOENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) HOMEM				rork done during most of working e retired.)			ТЯ					
BE COMPL	17. FATHER'S NAME (First, Middle, Last) THOMAS JEF	FERSON PI			MARGA		NSON						
2	CHESTER P.	HOLLOWAY	Y, JR.	3108 TF	ROYER ROA	D WHITE	HALL	, MD 211					
	209. METHOD OF CISPOSITION 1X Burfal 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 200. PLACE AND DATE OF DISPOSITION (Name D'ARLINGTON, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 202. LOCATION — City of Town, State 10/26 DARLINGTON, MD 22. NAME AND ADDRESS OF FACILITY HARKINS FUNERAL HOME, INC. DELTA, F												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. OUE TO (OR AS A CONSEQUENC	CE OF):	pe, ASL	uD							
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 XNO 24b. WERE AUTOPSY AMAILABLE PRIK COMPLETION OF DEATH? 1 YES 2 XNO							24b. WERE AUTOPSY FIN AWAILABLE PRIOR TO COMPLETION OF CA OF DEATH?					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 26. PLACE OF OEATH (Check only one) 7 THER: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 6 X Residence 6 Other (Specify)												
D BY PH	2 Accident Investigation 3 Suitelete 2 Se. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number,												
COMPLETE	one) 2 MEDICAL EXAM	YSICIAN: To the best of INER: On the basic of ax				time, date and place,	nanner as stated and due to the	cause(s) end manner as sta					
) BE	30. NAME AND ADDRESS OF PERSON	V	> N	AIR	we could be and place, and due to the cause(s) end manner as stated.								
5	SOL HAMIE AND ADDRESS PERSON	WHO COMPLETED CAUS	SE OF OEATH (ITEM 27)	(Type Print)	Zula:	Ronal	- 2	11SL M					



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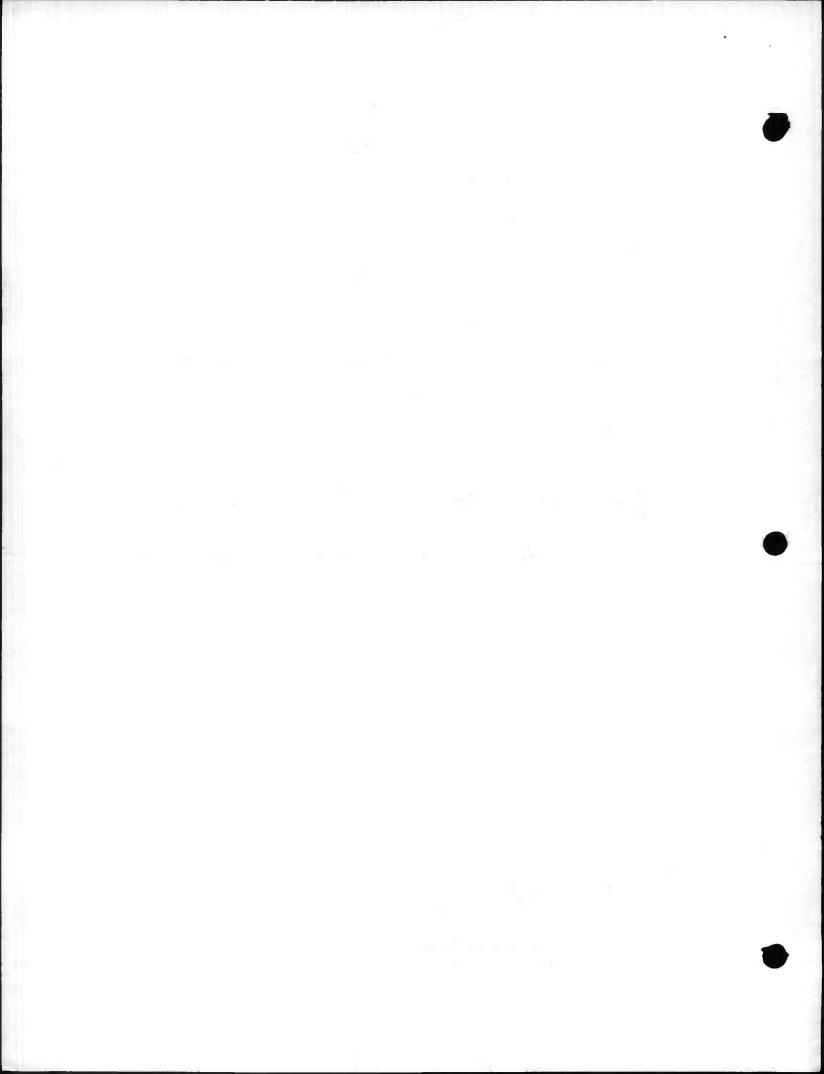
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp that DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached from the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ATE OF DE	LIH AND ME EATH	NTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)				T-	DATE OF DEATH	At most	3. TIME OF DEATH			
	Charles	C .	Haye	S		10 2	4 1992	7:46 AM			
	4. SOCIAL SECURITY NUMBER					DATE OF BIRTH (Month, Day, Year)	a. BIRTH Count	HPLACE (State or Foreign			
	213-36-9479		2 YRS.	NTHE DAYS HOL	JRS MIN.	7-3-1940	Ma	ryland			
-	Sa. FACILITY NAME (If not institution, give s	street and number)	96	CITY, TOWN OR LO	CATION OF DEATH	1	9c. COUNTY OF D	DEATH			
DIRECTOR	617 S. Ellwood	Avenue		Balti	.more_						
Sign of	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY			
듬	Maryland		200	Baltim	ore Cit	у		LIMITS?			
A	10e. STREET AND NUMBER			101, ZIP	CODE		10g. CITIZEN OF 1	74			
FUNERAL	617 S. Ellwood Ave	enue			21224		US#	4			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II	V U.S. ARMED	13. WAS DECENDE	NT OF HISPANIC	ORIGIN? (Specify Yes		E — American Indian, k, White, etc.			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES		Cuban, Mexican, P (NO Specify:	verto Rican, etc.)	Spec	sity:			
EDE	15. DECEDENT'S EDU	CATION	44 - 0505051510 1101	1				White			
H	(Specify only highest grade	completed)	(Give kind of work life. Do NOT use re	done during most of v	working	16b. KIND OF BUS	SINESS/INDUSTRY				
7	Elementary/Secondary (0-12) 12th grade	College (1-4 or 5+)	Letter Ca			II S Po	stal Ser	vice			
COMPLET	17. FATHER'S NAME (First, Middle, Last)		200002 00		MOTHER'S NAME	(First, Middle, Malden		VICE			
	Edward P. Hayes					L. Boebel					
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Nu		e Number, City or Town					
2	Edward J. Hayes					Balto., M					
	20a, METHOD OF DISPOSITION 1)(_)(Burlal 2	20b	PLACEANDDATEOFD	ISPOSITION (Name of		DATE 20c. LO	CATION — City or To	own. State			
	4 Donation 5 Other (Specify)	Centrol State	ost Holy F	ledeemer	Cem. 1	0/27/92 E	Balto., C	ity, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AND AD	poness of FACILITY	TY					
	Jassaln 1	uneral Hos	ME			Rd. Balto	Md 2	1236			
	23. PART I Enter the diseases, or o	complications that caused	the deeth. Do not					Approximate			
	BAMEDIATE CAUGE (CII	List only one cause on e	ach line.					Interval Between Onset and Death			
	disease or condition resulting in death)	ATHORNS	Clorovic	CAMOI	OMSG	wish !	DICCOSSE	/			
	DUE TO (OR AS A CONSEQUENCE OF):										
		DUE TO (OR AS A	CONSEQUENCE OF):			N					
NO	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF):			·					
ATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):								
IFICATION	if any, leading to immediate	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):								
RTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):								
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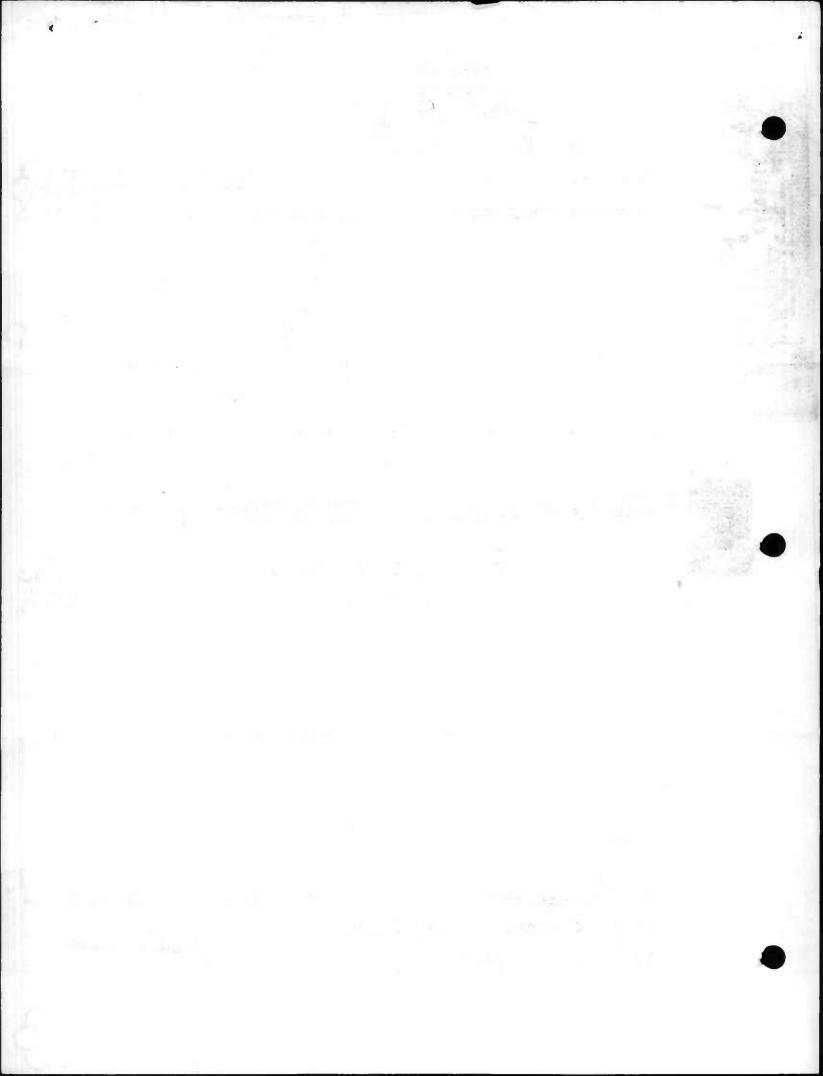


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0	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The Iaw miguines that the death conflictive be executed within a	4	Ē.	IMPORTANTIAL flore 28 is married or flore 23 shows any Injury or other traumatic event the
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	St.	50	g	all property
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	FOR 1 - STATE REGISTRAR	STATE OF I	WARYLAND	/ DEPAR	RTMENT OF	HEALIH AND	MENTAL HYGIEN		29959	
0	PATRICIA E. HAWVERMALE 2. Date of Death 10/25/1992								2:27 A M	
	4. SOCIAL SECURITY NUMBER 232-62-9288 9a. FACILITY NAME (If not institution, give s	5. SEX	6. AGE (In yrs. I	1	BIRTHPLACE (State or Foreign Country) WEST VIRGINIA					
HOT	THE JOHNS HOP	BAL7	TIMORE							
DIRECTOR		Y KELEY		-	ARTINSBU				10d. INSIDE CITY LIMITS? 1 YES 2 2 NO	
FUNERAL	100. STREET AND NUMBER EAGLE SCHOOL RD					и. zip соое 2540		4	USA	
à	11. MARITAL STATUS 1 Never Married 24 Married 3 Widowed 4 Divorced	12. WAS DECEOEN FORCES? 1 IF YES, GIVE Y	T EVER IN U.S. A YES 2 2 WAR OR DATES	ARMED SINO	If yes, a		NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) ly:	e or No— 14	. RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			(Give kind of Ne. Do NOT u		ION lost of working	16b. KIND OF BU	SINESS/INDUS	ТНУ	
MP I	12 17. FATHER'S NAME (First, Middle, Lest)			W	AITRESS			RATON	INN	
BE CC	JAMES LUTHER HO	OOPENGARI	NER				AME (First, Middle, Melder A G . CORBE			
TO B	19a, INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRESS (Street		Route Number, City or Tox		ode)	
	MR. DONALD E. HA	AWVERMALE		_					RG, WV 25401	
	1 🖄 Burial 2 Cremation 3 Rem		cemetery, c ROSEI	TANODATE TOTALE	OF DISPOSITION (A other place) CEMETERY	iame of			JRG, WV 25401	
	21. SIGNATURE OF FUNERAL SERVICE LIE	1. Bu	own	/	BROWN	X 821, M	HOME, 327 ARTINSBURG	, WV 2	5401	
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	BUE TO	2000 each lir	EQUENCE O	cal s	epas			Approximate Interval Between Onset and Death 3 dows	
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPS AMAILABLE PROCOMPLETION CONFIDENCY OF DEATH? 1 YES 2									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL				LACE OF DEATH (C)	heck only one)		l	
YSI	1 TES 2 NO	HOSPITAL:		1			6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, E	INJURY lay, Yeer)	26b. TIN	JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW I	INJURY OCCUR	RED	
	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE C building,	F INJURY — At I etc. (Specify)	nome, farm,	etreet, factory, offi	G@	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED							s to the cause(s) and ma time, date and place, ar		suse(s) and manner as stated.	
96	296. SIGNATURE AND TITLE OF CERTIFIER	MA	٠, ١			JHH 3	MBER 52027	29d. DATE SI	IGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	Marx,	SE OF DEATH (IT		lopkin	5				
	31. DATE FILED (Month, Day, Year)	32. REGIS TO	R'S SIGNATURE		3	OCT 28	1992 July	a Davido	on-Mandelle	

OCT 2 8 1992

DHMH-18 Rev 1/89



	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTA	L HYGIENE	:	29950		
	1. DECEDENT'S NAME (First, Middle, Last)	HERB	HERBERT .			MONT	OF DEATH	- 97	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 175–16–4141	COURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1									
TOR	BALTIMORE COUNTY GENERAL HOSPITAL RESIDENCE OF DECEDENT 96. CITY, TOWN OR LOCATION OF DEATH RANDALLSTOWN BALTIMORE BALTIMORE										
DIRECTOR	10a. STATE 10b. COUNTY	BALTIMO	11111111111	BALTIMO					10d. INSIDE CITY LIMITS? 1 YES 2 XXNO		
FUNERAL	100. STREET AND NUMBER 2 POMONA WEST	, APT. 10		101	21208			10g. CITIZEN	OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Americal 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYPES GIVE WAR OR DA	2 NO	tf yes, sp	ENDENT OF HISPA Incity Cuban, Mexico 2 X NO Specif	en, Puarto I	17 (Specify Yes o	or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	life. Do NOT use	ork done during mo retired.)	st of working	16b	KIND OF BUSI	NESS/INDUST	RY		
	17. FATHER'S NAME (First, Middle, Last) MORRIS GOLDSTE			SALESMAN	18. MOTHER'S NA		Middle, Maiden S	VITURE			
TO BE	190. INFORMANT'S NAME (Type/Print) MRS MARJORIE GO				ANNA LE	Route Numi	ber, City or Town,				
	20s. METHOD OF DISPOSITION 1	20b.	PLACE AND DATE OF	DISPOSITION (No	, APT.]	DAT	E 20c. LOC	ASHALE	R JOWNSHIP		
	21. SIGNATURE OF FUNERAL SERVICE LICE		JEIN DIAL	22. NAME AN	LEVINSON REISTER	VOLITY	26-92 ROS.,IN	NC.	,MD 21215		
CERTIFICATION	23. PART 7. Enter the diseases or of shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intilated events	DUE TO (OR AS A	CONSEQUENCE OF)	F			NE		Approximate Interval Between Onset and Death		
PHYSICIAN: MEDICAL CERT	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								24b. WERE AUTOPSY FINDINGS AWRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND		
SICIA		HOSPITAL:		OTHER:	ACE DF DEATH (CA			1			
	27. MANNER OF OEATH L Natural 5 Pending	28a. OATE DF INJURY (Month, Day, Year)	28b. TIME	DF 28c. INJ RY WO	URY AT RK?		r (Specify)	JURY OCCURE	ED		
TED BY	2 Accident investigation 3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY building, etc. (Speci	F INJURY At home, farm, street, factory, office				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED		IAN: To the best of my knowle : On the basis of examination							use(a) and manner as stated.		
10 BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHD	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, F	(ZOHK	29c. LICENSE NUI	MBER 203	33	29d. DATE SIG	SNED (Month, Day, Year)		
	31. DATE FILED (Month, Day, Year) OCT 2.8 1992 A	32. REGISTRAR'S SIGNA	TURE) B	74	rull	19	20 F			

a physical process with a series

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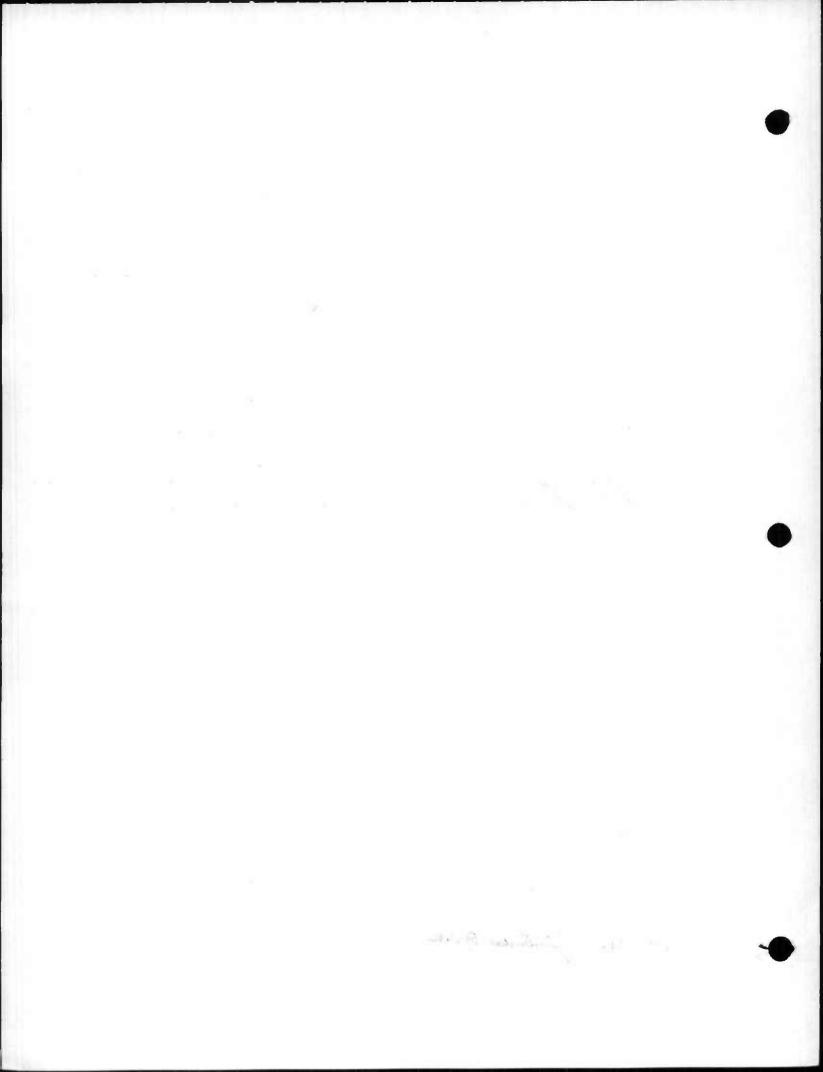
ospital or attending physician.	ertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Deot, of Health and Mental Hypiene prior to burial, cremation, or removal.	8
hin 24 hours after death. Page 6 may be retained by	tely filled in by the funeral director, page 5 should the nation, or removal.	t, the medical examiner must be notified a
HYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physi	r this certificate has been signed by the attending physician and completely filled in by the furth the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ted, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Ia	TO THE FUNERAL DIRECTOR: After this certificate has med within 72 hours after death with the State Deg	IMPORTANT: If item 28 is marked, or item 23

	FOR 1 - STATE	STATE OF M					MENTAL HYGIEN		2.9961	
	REGISTRAR 1. DECEDENT'S HAME (First, Middle, Last)	1604.0		ERTIF	ICATE OF	DEATH	REG. NO. 2. DATE OF DEATH MONTH DA	Y _YE	3. TIME OF DEATH	
	JAMES INGRAM						10 2	5 95		
1	4. SOCIAL SECURITY NUMBER 244-32-0201	5. SEX 1 M 2 F	6. AGE (In yrs. le	St birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6	Puntry) Carolina	
OR		PITAL			BAL	TO, N	eath \d	9c. COUNTY	OF DEATH	
딚	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		T 40 - 047	Y. TOWN OR LOCAT				I Average of	
DIRECTOR	md			10C. GIT		imore C	ity		10d, INSIDE CITY LUMTS? 1 VES 2 NO	
FUNERAL	3128 SEQUO	A AVE			101	ZIP CODE	215	10g. CITIZEH	OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 17 IF YES, GIVE W	T EVER IN U.S. AT LAYES 2 T AR OR DATES	MO	10	ENDENT OF HISPA ecity Cuben, Mexico 2 NO Specia	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No- 14.	RACE — American Indian, Black, White, etc.	
B	15. DECEDENT'S EDU		16a. Di	ECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	UNESS/INDUST	DUT TO	
COMPLETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +) (6	Sive kind of a n. Do NOT us	work done during mo to retired.) elhem S	ist of working		el Wor		
8	17. FATHER'S NAME (First, Middle, Lest)			00011	CITICH L		AME (First, Middle, Meiden		Kel	
BE C	James Ingra	am —————				Dai	sv Kersev	7		
2	19a. HFORMANT'S HAME (Type/Print) Littie L. Ing	gram	19	312	8 Seque	oia Ave	Aoute Number, City or Town	, Stelle, Zip Coo	21215	
	20a METHOD OF DISPOSITION *↑ Burlel 2 □ Cremation 3 □ Rem 4 □ Donation 6 □ Other (Specify)	oval from State	comptony on	ematory or o	OF DISPOSITION (Ne	st Vet.	0-	cation — city 71ngsm	or Town, State	
	21. SIGNATURE OF FUHERAL SERVICE LIC	ENSEE			22. NAME AL	ND ADDRESS OF FA	CILITY 170	1 27	N.Monroe ST	
	· Doutha	Hect		¢281		Phillip	s r/n Bal	to.,M	D. 21217	
	23. PART I. Enter the diseases, or of ahock, or heart fallure.	complications that List only one cause	caused the de	eath. Do r	not enter the mo	de of dying, suc	ch as cardisc or reapi	ratory srrest,	Approximats	
	Interval Between IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Conduct anust									
_	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions b. McLostotic Protote Cancer									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	QUE TO	OR AS A CONSE	QUENCE OF	F):					
ERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	QUE TO	(OR AS A CONSE	QUENCE OF	F):					
CER		d,								
ICAL	PART II. Other significant condition	s contributing to	death but not i	resulting	in the underlying	g csuse given in	Part I, 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
: MEDICA									OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				04.00	ACE OF BEATH 404				
[일	EXAMIHER?	HOSPITAL:	ED/Outputters 0		OTHER:	ACE OF DEATH (C				
PHYSICIAN:	27. MAHNGR OF DEATH 1 1 Hatural 5 Pending	1 Impatient 2 28a. DATE OF (Month, Da	HJURY	28b. T/M	E OF 28c, INJ		a ☐ Other (Specify) 28d. DESCRIBE HOW IN	NJURY OCCURE	ED .	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE Of	F INJURY — At ho	ome, farm, s	M 1 1	YES 2 NO	281, LOCATION (Street s	nd Number or R	lurel Route Number,	
LETE	4 Homicide determined						City or Town, State)			
COMPLET	(Check only						to the cause(s) and man		use(s) and manner as stated,	
BE	206. SIGNATURE AND TITLE OF CENTIFIE	mod	VROLO	64 C	HIEFRE	29c. LICENSE NU	MBER	29d. DATE SIG	SNED (Month, Day, Year) 0/25/92	
2		THOMPS	E OF DEATH (ITE							
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE							
	000 pro 1900	file K.								
	1	PORTO TOPIC	A /AA I A	~ <						

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	1 - STATE OF MARYLAND A	DEPARTME	NT OF HEALTH AI	ND MENTA	AL HYGIENE REG. NO.	92	29962	
	1. DECEDENT'S NAME (First, MICHIGO, LOST) Kenneth Tahnson			MON	E OF DEATH	YEAR 972	3. TIME OF DEATH 9'20 PM	
	4. SOCIAL SECURITY NUMBER 5. SEX 1X M 2 F 6. AGE (In yrs. In 46	YRS. MONTH	IDER 1 YEAR SF UNDER 24 H	IRS. 7. DATE	ог вияти ф. 20% (\$90) 16-46	1 1	N.C.	
DIRECTOR	9. FACILITY NAME (N not institution, give street and number) Liberty Medical RESIDENCE OF DECEDENT	of DEATH	9c. COU	NTY OF DE				
EC	10e. STATE 10b. COUNTY	10c. CITY, TOW	/N OR LOCATION				10d. INSIDE CITY	
	Maryland 100. STREET AND NUMBER			timore			LIMITS?	
NERA	1450 Mountmor Court		10f. ZIP CODE	1217 U.S.A.				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	RMED	13. WAS DECENDENT OF HI If yes, specify Cuben, M 1 YES 2 NO S	SPANIC ORIGI exicen, Puerto pecify:	N? (Specify Yee or No— Rican, etc.)	Black,	American Indian, White, etc.	
COMPLETED	(Specify only highest grade completed) (G	ECEDENT'S USUAL Give kind of work do b. Do NOT use retire	ne during most of working	164	b. KIND OF BUSINESS/IND			
MPL			Constructi	on				
CO	17. FATHER'S NAME (First, Middle, Last)				Middle, Malden Sumeme)			
BE	Stokes Johnson			y E. F				
2	190. INFORMANT'S NAME (Type/Print) Mary E. Johnson		ESS (Street end Number or F					
	20e METHOD OF DISPOSITION		untmor Cour			1217		
	Buriel 2 Cremetion 3 Removal from State Cemetery, cre Commettery, cre Comme	ematory or other pla	Calvary ('em 10-	20c. LOCATION —	Sity or Tow	Manyland	
	21. SIGNATURE OF FLORIBLE SERVICE ACCOUNTS		Cal vary (F FACILIT W	Iliam C. B	rown	Comm. F.H.	
	23. PART Enter the diseases, or complications that caused the de	ath On not and	206 W. Nort	auch as can	diac or respiratory arm	1. 21	Approximate	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)						Interval Between Onset and Death	
CERTIFICATION	Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
H	resulting in death) LAST							
BY PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO					A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE- OF DEATH?	
N: M	Decubitus Ulceus					1	YES 2 NO	
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3	ОТН	28. PLACE OF DEATH	(Check only or	10)			
H XS	1 ☐ YES 2 ☐ NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 27. MANNAR OF DEATH 28e. DATE OF INJURY		lursing Home 5 - Resider					
BY P	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	286, TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO		SCRIBE HOW INJURY OCC	URED		
	3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, ferm, atreet, fe	ectory, office	28t, LOC City	ATION (Street and Number or Town, State)	or Rural Rou	ite Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the beat of my knowledge, derone) 2 MEDICAL EXAMINER: On the base of examination end/or in the base of examination	ath occurred at the	e time, date end place, end y opinion, death occured at	due to the cau	end place, and due to the	d. ceuse(e) e	and menner ee stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER M.D. M.D.		29c, LICENSE	NUMBER 365	29d. DATE ► (C	SIGNED (A	10pth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM GLOVE) TO MICKS TO MID.		exty Medi	en C	enter			
1	OCT 2 8 1992 July Day Day							

3



P P B			TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It from 28 is marked or liem 23 shows any letter, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	S	M	grie		2. DATE OF DEATH	3 9	3. TIME OF DEATH
	0.0.17048	5. SEX 0 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year)	1892	BIRTHPLACE (State or Foreign Country) Maryland
OR	96. FACILITY NAME (If not Institution, give street and number) Aven, #10 Balto 2 MD 2)26 Sc. COUNTY OF DEATH 1600 Mt Royal Aven, #10 Balto 2 MD 2)26							
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MD)	10с. СІТУ, ТО Ва	wn or locati	re City			10d. INSIDE CITY LIMITS? 1 PA YES 2 NO
FUNERAL	100. STREET AND NUMBER 1600 MT. Roya	al Ave. #71	0		ZIP CODE 21201		-	OF WHAT COUNTRY?
BY FUN		12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	I.S. ARMED	13. WAS DECE	ENDENT OF HISPANIC city Cuben, Mexicon,			RACE - American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		6a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during mos	N It of working	16b. KIND OF BU	isiness/indust	
	17. FATHER'S NAME (First, Middle, Last) Herber	t Rideout				(First, Middle, Melder Martha	Surname)	
TO BE	190. INFORMANT'S NAME (Type/Print) Mary Washingto		19b, MAILING ADD	RESS (Street or Kitmo)	re Rd. I		ID. 21	204
	20e. METHOD OF DISPOSITION 1 Seurlai 2 Cremetton 3 Remove 4 Donation 5 Other (Specify)	20b. P	PLACE OF DISPOSITION (Sper place)	em. P	etery, cremetory or ark		cation - chy	
	21. SIGNATURE OF FUNERAL SERVICE LICE	V. 11		22. NAME AN	Funeral	L Servic	1721- est.B	27 N.Monroe
	iMMEDIATE CAUSE (Fine) disease or condition	omplications that coused to ist only one couse on each	h line.	enter the mod		as cardiec or reep		
z	resulting in death) e.	DUE TO (OR AS A C	ONSEQUENCE OF):			1		415
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A C						
ERTIF	thet initiated eventa reaulting in deeth) LAST	DUE TO (OR AS A C	CONSECUENCE OF);					
MEDICAL	PART II. Other algnificent conditions	contributing to death but ECUDITUS	t not resulting in the	C T9	cause given in P		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	σ	26. PL	ACE OF DEATH (Chec	k only one)		
PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending	1 Inpetient 2 EBOutpet 26e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJI	RK?	Other (Specify) 28d, DESCRIBE HOW	INJURY OCCUP	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	200. PLACE OF INJURY — building, etc. (Specify	At home, farm, stree	M 1 1		20f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLET	and any	HAN: To the best of my knowled: On the basic of examination a						
BE	296. SIGNATURE AND TITLE OF CERTIFIER AMOUNT HE	um			29c. LICENSE NUME	5503	29d. DATE 8	IGNED (Month, Day, Year)
TO	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT MA EEM,	14 (ITEM 27) (Type, Pri	phin =			21217	
	31. AATE ELLED (Month. Dev. Year)	32. BEGISTRAR'S SIGNAT						



	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMEN CERTIFICAT	T OF HEALTH	AND MENT	TAL HYGIENE REG. NO.	D-4	
	1. DECEDENT'S NAME (First, Middle, Las	tine -	Johns	00		TE OF DEATH	YEAR	TIME OF DEATH
œ	4. SOCIAL SECURITY NUMBER 2 17 -40 - 7301 9a. FACILITY NAME (II not institution, give	1 M 2 F 7	YRS. MONTHS	R 1 YEAR IF UNDE DAYS HOURS Y, TOWN DR LOCAT	MIN. SL	TE OF BIRTH ONTH, Day, Year)	1 4	
DIRECTOR	RESIDENCE OF DECEDENT	vergreen I	10c. CITY, TOWN	OR LOCATION	more	C1/4	140	1. INSIDE CITY
	100. STREET AND NUMBER		BAI	101, ZIP COL	e)	10a CITIZ	1 §	LIMITS? TES 2 NO T COUNTRY?
FUNERAL	1516 N. Smallw				21217	4	1,5,	A,
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 MO	WAS DECENDENT If yea, specify Cub 1 YES 2 M	an, Mexican, Puari	GIN? (Specify Yes or No— to Rican, etc.)	14. RACE — Black, W Specify:	American Indian, hite, etc.
COMPLETED	15. DECEDENT'S EC (Specify only highest gra	de completed)	16a. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	during most of work	ing 1	66. KIND OF BUSINESS/INDL	JSTRY	
MPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOmemak					
	17. FATHER'S NAME (First, Middle, Lest)					1, Middle, Maiden Surname)		
BE	Ernest Jones 19a. INFORMANT'S NAME (Type/Print)		19h MAILING ADDRES		largaret	. Brown. umber, City or Town, State, Zip (
5	Dorothy Sulliv	an				MD. 21217	Code)	-
1	23. SMRT I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause on e	is the death. Do not enter ach line.	23 9 W the mode of dy	Nov7	DAUE, BA	16.19 a.	Approximate interval Between Onset and De
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. OUE TO (OR AS A DUE TO (OR AS A d.	CONSEQUENCE OF):					
N: MEDICAL	PART II. Other significant condition	ens contributing to death b	ut not resulting in the ur	nderlying cause	given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	OF (HE AUTOPEY PINDIN LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRIED TO MEDICAL EXAMINERTY 1 YES 2 NO	HOSPITAL:	OTHER	N:	EATH (Check only		_	
1000	27. MANNER & DEATH 1 Platural 5 Pending Investigation	25s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	Sing Home S I Ru 28c. INJURY AT WORK? 1 YES 2	28st. D	ESCRIBE HOW INJURY OCCU	MED	
ETED BY	3 Suitchide & Could not be determined	25+ 55 405 05 million	— At home, farm, street, fact		281, 1,0	CATION (Sincer and Number or y or Swin, State)	Aurel Route	Number,
COMPLE	29s. CERTIFIER 1 CERTIFYING PHYS (Check only one) 2 MEDIAL EXAMIN	SICIAN: To the best of my knowl	redge, death occurred at the ti	ime, date and place	, and due to the c	muse(s) and manner so stated to and place, and due to the	t.	manner as stated
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIE	in .	mo	-	ENSE NUMBER			th. Disc Wary
-	30. NAME AND ADDRESS OF PERSON W	WHE COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print) 177	7 Reis	terston	n Rul &	= 311	_
	OCT 28 1992	JAA DAVIGOON	fandale	12.				

er en rag should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

BE

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29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILEO (Month, Day, Year)
OCT 2 8 1992

B. Lankachandra

Dr. B. Lankachandra

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

July Dandson - Manyage

FUNERAL within 72 h

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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, par	from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
0	5	9
_		

92 29965 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR uther Johnson JY 2:42 10 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 1 M 2 - F MONTHS DAYS 218 285525 60 10/1/1932 CAROLINA N Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GOOD SAMARITAN HOSPITAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO MARYLAND BALTIMORE CITY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1720 N. ELLAMONT STREET 21216 USA 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No. If yee, specify Cuben, Mexican, Puerto Rican, stc.)

1 YES 2 ANO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 8+) notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) LUTHER JOHNSON, SR. MONTCELLAR DUNCAN BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1720 N. ELLAMONT ST. BALTO., MD DORAIN JOHNSON 21216 pe 20e. METHOD OF DISPOSITION
1 (X Buriel 2 Cremetton 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION --- City or Town, State "KING" MEMORIAL PARK RANDALLSTOWN, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 23. Part I amer the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fin Onset and Death disease or condition Myo cardial In 20 hrs resulting in death) MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 244. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Renal AVAILABLE PRIOR TO Disease COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1) Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO ng Nome 5 - Residence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Burel Route Number, City or Town, Stete) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner se stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I

Resident in

Good

Internal Medicine

Samaritan

29c. LICENSE NUMBER

Hospital, Baltimore



29d. DATE SIGNED (Month, Day, Year)

10/25/92

The bould were borner at the

s the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

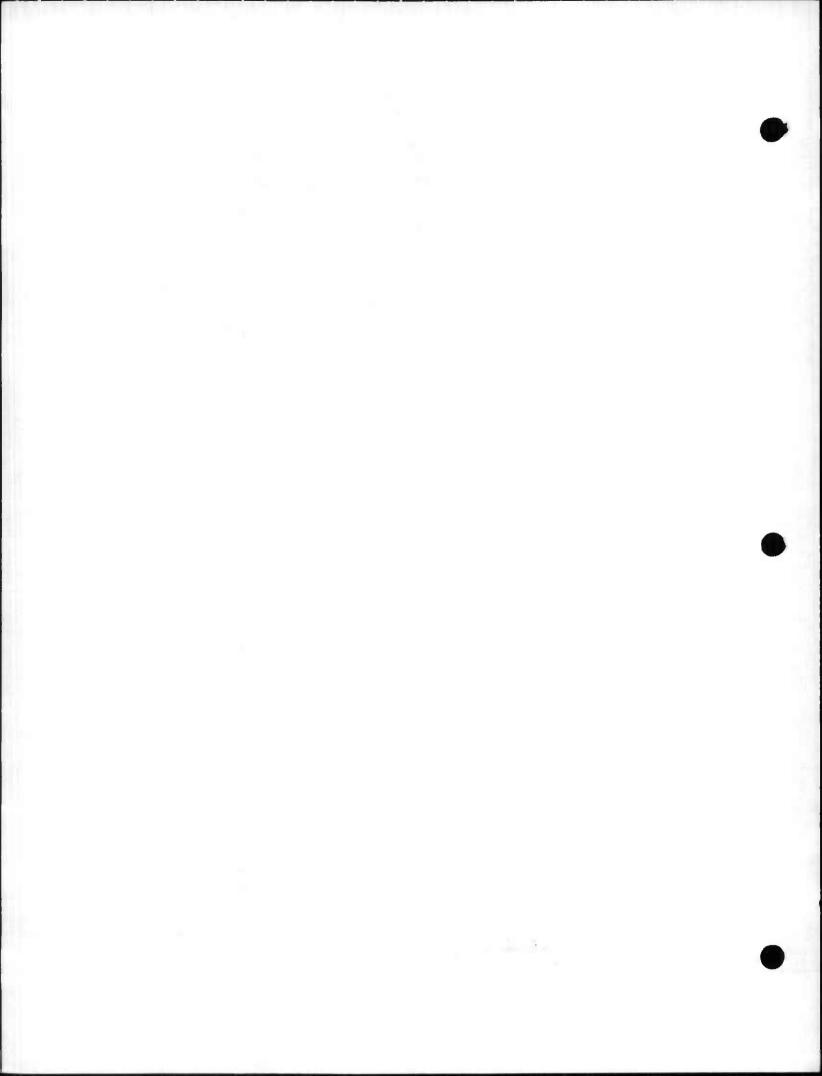
TO THE HOSTIAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attention of a step	TO THE MISSECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH 3:00 A Oct 24 1992 GLADYS KING 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 🗌 M 2 💢 F YRS. 28 1911 212-20-7899 81 Mar Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2512 Old North Point Road Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland **Baltimore** 1 TES 2XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? <u>2512</u> Old North Point Road 21222 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whits, etc. 1 Never Married 2 🕅 Married IF YES. GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Black COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Housewife Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Richard Beverly Etta Rouzie BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2512 Balto, MD 21222 William King Old North Point Road 20e. METHOD OF DISPOSITION
1 □ Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes 2501 Gwynns Falls Parkway
Baltimore, Maryland 21216

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat,
shock, or heart fellure. List only one cause on each line. Approximate Intarval Between **Onset and Death IMMEDIATE CAUSE (Final** CONGESTIVE HEART FAILURE
DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) DAYS Arterioscle 10 tic Heart Disease MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO COMPLETED BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Nesidence 8 | Other (Specify) 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner se stated. 2 MEDICAL EXAMINER: On the besis of sxamination end/or investigation, in my opinion, death occured at the time, dats and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 140 92 era cua 36 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1576 Merrit Blul VENERACION JR. MD 2/22

Julia Devidoon-Mandase



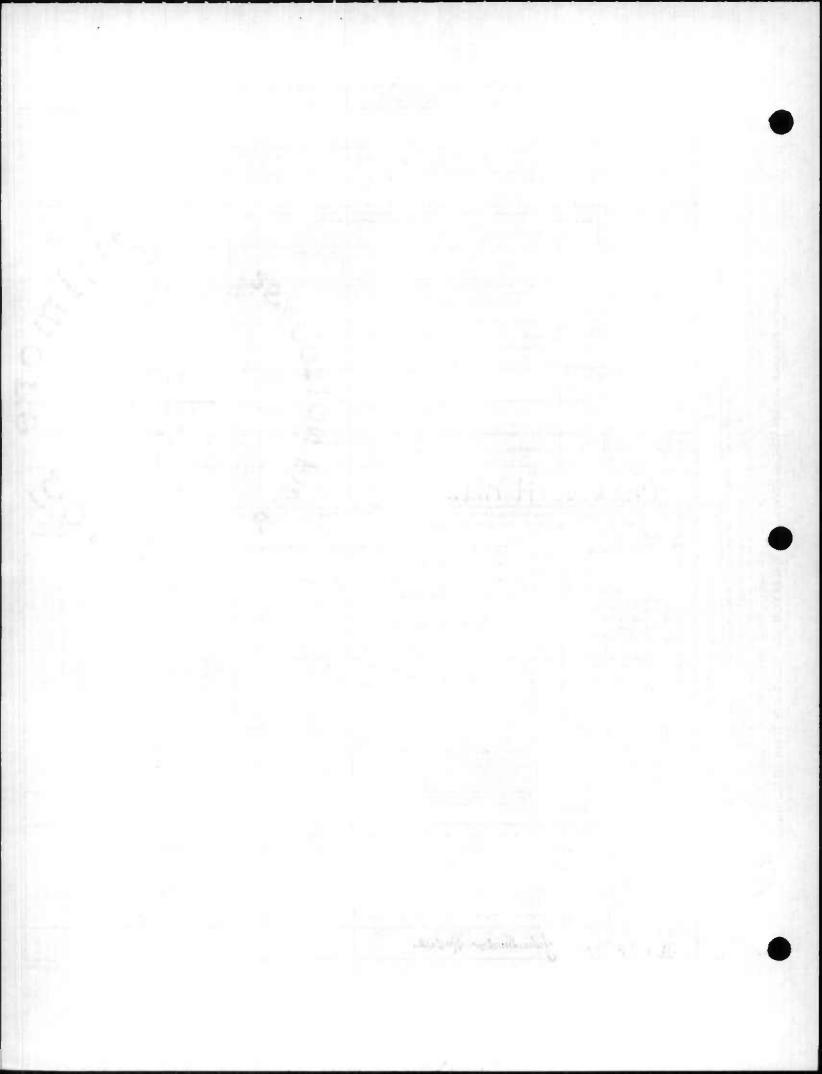
BALTIMORE, MARYLAND 21215-	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attendi	DIRECTOR. After this certificate has been stoned by the attending physician and completely filled in by the functor name 5 should be detached for use as a
	within 24 hours after	pletely filled in by the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	certificate be executed	nding ohysician and com
RECORDS, F	w requires that the death	been sloned by the atter
ON OF VITAL	NG PHYSICIAN: The law	fter this certificate has
DIVISIO	L DR ATTENDI	DIRECTOR: A

ing physician. the burial-transit permit. Pages 1, 2, 3 should DIVISION OF VITAL RECORDS, P.O. BOA 00/00,

THE MOSTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host of the The Fuel AL DRECTOR. After this certificate has been signed by the afteroding physician and completely filled in by the funeral director, page 5 should be detached with the State Dept. of Health and Mental Hygiere plot to burial, cremation, or removal.

IMPORTANT: if item 28 is marked, or item 23 shows enty injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AN	D MENTAL HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Harry, Le	e, Kerns			10 26	9 2	2120P. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	-	UNDER 1 YEAR IF UNDER 24 HR	8. 7. DATE OF BIRTH	0. BI	RTHPLACE (State or Foreign
	213-12-7976	1 € M 2 □ F	74 YRS. MO	THE DAYS HOURS MIN	FEB 04 19		ST VIRGINIA
~	9e. FACILITY NAME (If not institution, give atm	eet end number)	96	CITY, TOWN OR LOCATION OF	FDEATH	9c. COUNTY O	
5	ST. AGNES HOSP. 90	O Caton Ave.	В	alto. Md. #21	229		
EC	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d, INSIDE CITY
DIRECTOR	MARYLAND BAI	LTIMORE		CATONSVIL	IF		LIMITS?
	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
FUNERAL	932 PRESTWOOD ROA	AD		21	228		U.S.A.
J.	11. MARITAL STATUS	12. WAS DECEDENT EYER IN FORCES? 1 XYES	U.S. ARMED	13. WAS DECENDENT OF HIS	PANIC ORIGIN? (Specify Yes o	r No- 14. R	ACE American Indian, lack, White, etc.
BY I	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	If yes, specify Cuben, Me 1 YES 2 W NO Sp		1	pecify:
	15. DECEDENT'S EDUC	ATION WW		N. COMPLETION			WHITE
ETE	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSH	NESS/INDUSTR	1
PLI		College (1-4 or 5+) 3 YRS	OPTOMETR		OPTOME	TDV	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		01 1011211		NAME (First, Middle, Meiden St		
BE C	ROBERT LEE KERNS			SUSAN			
TO B	19a. INFORMANT'S NAME (Type/Print)		195, MAILING AD		iral Route Number, City or Town,	Stete, Zip Code)	
F	DORIS M. KERNS		932 PRE	STWOOD ROAD .	- CATONSVILLE	, MD.	21228
	20e. METHOD OF DISPOSITION	val from State	PLACE AND DATE OF D	SPOSITION (Name of		TION - City or	
	4 Donation 5 Other (Specify)	EH	BENEZER CE	METERY	10/30 BLO	OMFIEL	D. VA
	21. SIGNATURE OF FUNERAL SERVICE LICE	I I DON		22. NAME AND ADDRESS OF HUBBARD FUNE	FACILITY		
	Chustopher	- H. Miles	4 .		AVENUE-BALTI	MODE	MD. 21229
	23. PART I. Enter the diseeses, or co shock, or heart failure. L	omplications that caused	the death. Do not	enter the mode of dying,	such as cardiac or respira	tory arrest,	Approximats
	IMMEDIATE CAUSE (Finel						Interval Between Onset and Death
	disease or condition resulting in death)	PO>3. 0	re Mins	contint inf	かけい		
	DUE TO (OR AS A CONSEQUENCE OF)						
S	Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of):0						
Ā	If sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				
음	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	resulting in death) LAST		,				
	DARK II Other dealth and a state						
×	PART II. Other significant conditions	Do to	it not resulting in the	e underlying cause given	In Part I. 24a. WAS AN AL PERFORM		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	1,020,000	107.	10.1.00	1300	1 TYES 2	NO E	OMPLETION OF CAUSE OF DEATH?
Σ							1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		-				
2	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH			
H	27. MANNER OF DEATH	1 ☐ Inpatient 2 0K ER/Outps 28e. DATE OF INJURY	28b. TIME Of	Nursing Home 5 Residen	ce 8 Other (Specify) 28d. DESCRIBE HOW INJ	liev occuped	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	200. DESCRIBE NOW INS	ONT OCCURED	
BY	2 Accident Investigation 3 Suicide Could and be	28e. PLACE OF INJURY	- At home, term, stree		281. LOCATION (Street and	Number or Rus	al Anuta Number
	4 Homicide determined	building, atc. (Special	(v)		City or Town, State)		
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To the heat of my knowle	idea death convert of	the time data and place and	due to the cause(s) and manne		
F					the time, date end place, and		e(e) and manner as stated
	296. SIGNATURE AND TITLE OF CERMIFIER						
BE	Ad 11 6/2	and h	ND	D34	SS/	DATE SIGN	ED (Month, Dey, Year)
임	30. NAME AND ADDRESS OF PERSON WHD	COMPLETED CAUSE DF DEA	TH (ITEM 27) (Type Prin				7.0
	EDMUND P. TRICK	WC 413 C	mmmwe	AIH AE I	3-C+MD 21	228	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE				
- 1	OCT 28 1992 A	Telia Davidson 10	ANT ADDRESS				



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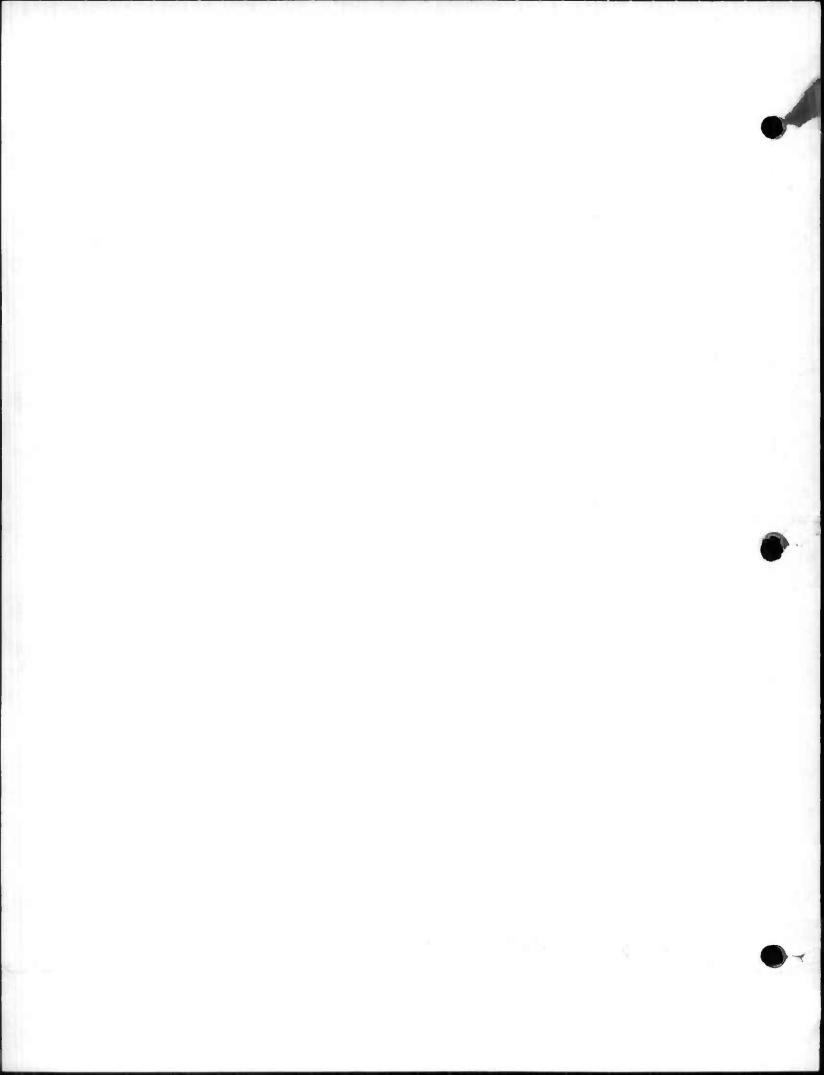
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. OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within ZA hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 shy	death with	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IN THE CEPTAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with	IMPORTANT: If Item 28 Is marked

92 29968 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) THELMA C. KAPLAN 2. DATE OF DEATH 3. TIME OF DEATH YEAR P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 051-01-4649 DAVE 1 🗆 M 2 🗔 E 6-14-1905 RUSSIA Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR RE COUNTY GENERAL HOSPITAL RANDALLSTOWN BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MD 1 XXXX 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2500 W. BELVEDERE AVE. APT. 1117 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 100 1 Never Married 20 Married BY 1 TES 2 NOX Specify: Specify: WHITE 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) BOOKKEEPER INSURANCE CO 17. FATHER'S NAME (First, Middle Leat) 18. MOTHER'S NAME (First, Middle, Meiden Surname SARAH CHAMOWITZ JACOB COHEN BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4 ATHENRY CT. TIMONIUM, MD 21093 2 MRS KAREN SILVERMAN 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crempted Principle) MEMORIAL PARK DATE 290. LOCATION - City or Town, State
10-26-92 RANDALLSTOWN, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. euton dereusen 91. 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL WERE AUTOPSY FINDINGS PERFORMED? MAJLABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO 20 innentia PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 inpetient 2 ER/Outpetient 3 DOA e 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28a, PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide

29a. CERTIFIER
(Check only pre).

29a. MEDICAL EVAMINED: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 286. SIGNATURE AND TITLE OF CERTIFIER the 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Morth, Day, Year)
OCT 2 8 1992 UNA DAVIDSON MONATURE



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DIVISION OF VITAL RECORDS, P.O. BOX 6	63	5	2
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	THE MOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec	E.	The second of the state of the state Dept. of Health and Mental Hygiene prior to bu
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	Trans.	200	-

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.								
	1. DECEOENT'S NAME (First, Middle, Last Adam)	Katka Ada	m Michae	l Kafka		2. DATE OF DEATH		3. TIME OF DEATH 2 435 PM	
	4. SOCIAL BECURITY NUMBER 220-12-4422 9a. FACILITY NAME (If not institution, give	1 € M 2 □ F 60	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.		6	BIRTHPLACE (State or Foreign Country) Md.	
TOR	Meridian Nursin	ig Home - Her	itage	- An	endalk	EATH	Baltimore		
DIRECTOR	10a. STATE 10b. COUN	тү		y, town on Locat				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL									
B	11. MARITAL STATUS 1) Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X1NO		cify Cuben, Mexico	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	UCATION to completed) Coffege (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us Labor		N st of working	Balto.	City 9	RY	
BE CO	17. FATHER'S NAME (First, Middle, Lost) Frederick Kafka				Dolor	AME (First, Middle, Maiden es (ziemny			
TO BE COM	Joseph Hartley 20a. METHOD OF DISPOSITION		6436	O'Donnel	LSt. B	Route Number, City or Tow alto., Md.	21224		
ner must	1 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	movel from State cen	D. PLACE AND DATE OF THE COMMENT OF	slaus (e	me of	0-28-92 B		kd.	
	Charles S. Zeiler & Son Inc. Eastern Ave.								
	23. PART I. Enter the diseasea, or shock, or heert failure immediate CAUSE (Final disease or condition resulting in death)	List Only Dire cause on e	d the deeth. Do nach line.	not enter the mod	de of dying, auc	ch ae cerdiec or reap	iratory arreet,	Approximate interval Between Onset and Death	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST BENAIFA: IUTE DUE TO (OR AS A CONSEQUENCE OF): ATIC FIOSCHEROIC VOSCUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								
AL	PART II. Other algoriticent condition	na contributing to deeth b	out not resulting i	in the underlying	cause given in	Part I. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDIC	Hypericusion					1 _ YES 2	NO	OF DEATH? 1 YES 2 NO	
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 inpetient 2 ER/Outp	eatient 3 DOA	OTHER:	ACE OF DEATH (Ch	6 Other (Specify)			
BY PHY	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	26b. TIME	E OF 26c. INJU	IRY AT	28d. DESCRIBE HOW I	NJURY OCCURE	0	
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	treet, factory, office		281. LOCATION (Street : City or Town, State)	and Number or Re	ural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	moreus	-, m(2	29c. LICENSE NUM D0699	MBER 7	29d. DATE 810	NEO (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WILL Robert L. Mc 31. DATE FILED (Month, Day, Year)	wess MD	1576	Print) MCVIII	T Blod	STE 26	Ba	Twee Md	
	QCT 2 8 1992	32. REGISTRAR'S SIGN	inde			-		21222	
17								DHMH-16 Rev 1	

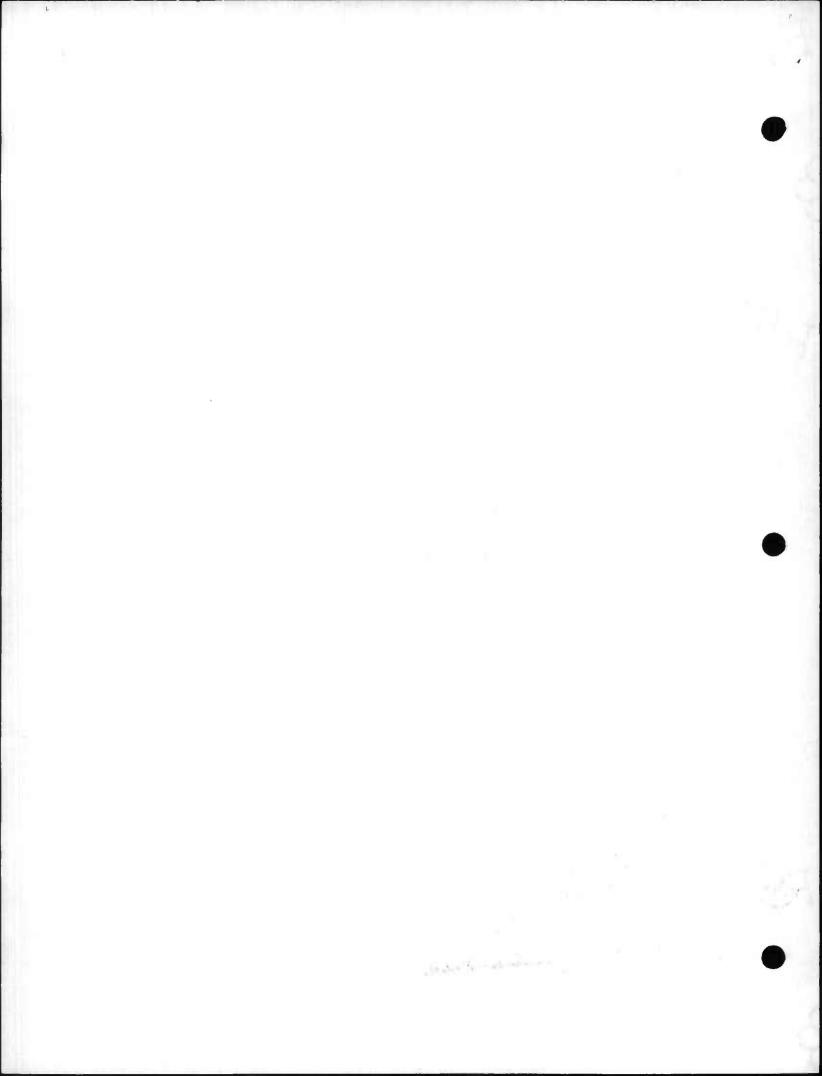
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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 2121	24 hours after death. Page 6 may be retained by the hospital or atter	r filled in by the funeral director, page 5 should be detached for use a	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 nours after death. Page 6 may be retained by the hospital or attended to the continuous after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a hardward with the State hard and Marial Huntan price to bridge premation or removed.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF HE	ALTH AND I	MENTAL HYGIEN	Ł	299/0
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY JUA	ANITA LA	NGMEAD			2. DATE OF DEATH	·6 9	3. TIME OF OEATH
Ĭ	217-50-3738	1 □ M 2 √ KF			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/18/47		HRTHPLACE (State or Foreign Country) Maryland
TOR	9a. FACILITY NAME (If not institution, give stree 9833 LIBERTY RESIDENCE OF DECEMENT		96	RANDAI	STOWN	ATH	9c. COUNTY BALTI	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, Y	OWN OR LOCATIO	Ж			10d. INSIDE CITY
	Maryland Balti	more		Randall	Stown			1 YES 2 NO
ERA	4208 Deer Park R	oad		101. 2	2113	3		ed States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 \$\frac{1}{2}\text{RO}\$ If Yes, give WAR OR DATES 13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexican 1 ☐ YES 2 \$\frac{1}{2}\text{NO}\$ Specify			IC ORIGIN? (Specify Yes	or No 14.	RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S EDUCA (Specify only highest grade co	TION	16a. DECEDENT'S USL			16b. KIND OF BUS	I SINESS/INDUST	White
LET		College (1-4 or 5 +)	(Give kind of work done during most of working life. Do NOT use retired.) Bank Teller			Farm	ers Ba	-1-
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Dank Ter		18. MOTHER'S NAI	ME (First, Middle, Maiden		nk.
BE C	Killan Alber	t				othy M. Ey		
5	19a. INFORMANT'S NAME (Type/Print) Mr. Michael F. L:	anomead		eer Par		Don 1 1 1		
	20a, METHOD OF DISPOSITION	20b	PLACE AND DATE OF D	ISPOSITION (Name	e of	Randallst	CATION - City	
	1 N Buriel 2 □ Cremation 3 □ Remov 4 □ Donation 6 N Other (Specify)		etery, cremetory or other Lake View			10/30 Sy	kesvil:	le, MD
3	21. SIGNATURE OF TINERAL SERVICE LICEN	B /	1//	Lori	ng Byers	Funeral	Directo	ors, Inc. 21133
	23. PART I. Enter the diseases, or conshert, or heart failure. Lie	mplications that caused	the death. Do not	entar the mode	Liberty of dying, suct	y Road Ra	ndallst	Approximata
	MANAGOLAND COMPANY	GUNSHOT DUE TO (OR AS A		uno (of HE	AD		Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING							
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE DF):					
BY PHYSICIAN: MEDICAL (PART II. Other significant conditions	contributing to death b	ut not resulting in t	he underlying (cause given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N.								7,20
SICI		HOSPITAL:		THER:	CE OF GEATH (Che	ock only one)	BUILD	TNG
ЖНС	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home F 28c. INJUF WOR	TY AT	28d. DESCRIBE HOW II		
ВУ	1 Netural 5 Pending 2 Accident Investigation	10/26/9	2 2:00E	OM 1 X YE	S 2 NO	SUBJECT	SHOT	
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, stc. (Spec	BANK	it, factory, office		261. LOCATION (Street e City or Town, State) 9833 L.]	BERTY	
COMPLETED		AN: To the best of my knowl On the basis of examination						use(e) and manner as stated.
BE C	29% SIGNATURE AND TITLE OF CENTIFIED	(h		1	PC. LICENSE NUM	BER	29d. DATE SIG	INEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF THE	TH //TEM 27/ /Sine Prin	- (O.C.M.E	Ξ.	10/	27/92
	MARIO F GOLLE	JR MD 1	11 Penn		t, Bal	timore, N	Maryla	nd 21201
	OCT 28 1992	32. REGISTRAR'S SIGNA	TURE					



IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR 1. DECEDENT'S NAME (First, Mid	die Leet)	OL		ICATE OF	DEATT	-	REG. NO		1.	Mile
Jerry	Leonard							AY	YEAR 92	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 241-68-7122	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24	RS.	7. DATE OF BIRTH		BIRTHPL	ACE (State or Foreign
Se. FACILITY NAME (If not institut	Be. FACILITY NAME (If not institution, give street and number) Mercy Hospital					OF DEA	8/6/1944		N.OF DEAT	
RESIDENCE OF DECED	ENT			Y, TOWN OR LOCAL	timore					
N.C.	10%					Wir	nston Sale	em em	10	d. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 201 Clayton	201 Clayton St.							10g. CITIZI	EN OF WHA	T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	MED	If yes, sp	ecify Cuban, R		C ORIGIN? (Specify Yer, Puerto Rican, etc.)	or No-	I4. RACE — Black, W Specify:	American Indian, white, etc.		
	NT'S EDUCATION hest grade completed) College (1-4 or 5	ve kind of a Do NOT us	T'S USUAL OCCUPATION of work done during most of working T use nethed.) 1ck Driver Parrish Tire Co					ompany		
17. FATHER'S NAME (First, Middle, Last) Robert Leonard 18. MOTHER'S NAME (First, Middle, Melden Surneme) Malissa Leonard										
19a. INFORMANT'S NAME (Type/F		100	MARING	ADDRESS (Com at a			a Leonard oute Number, City or Tow			
Phyllis Leona	·)1 Cl	ayton St	, Win	sto	n Salem. 1	N.C. 2	27105		
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 4 Donation 5 Other (Spe		20b. PLACE A	MD DATE	OF DISPOSITION (Na ther place)	Con	,	DATE 20c. LO	CATION - CI	Town,	State X/C
IN WOMETURE OF FUNERAL SE	RVICE LICENSEE A. L. RU				Joseph L. Russ Funeral Home 2222 W. North Ave, Balto, MD. 21216					16
23. PART I. Enter the disee shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	Tellure. List only Dne ce	at caused the desuse on such line.	ne m	not enter the mo	de of dying.	such	as cardiac or reap	iratory arre	st,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									22.01(
PART II. Other significant c	onditions contributing to	deeth but not re	esuiting	in the underlying	g cause give	n in P	art I. 24e. WAS AN PERFOF	IMED?	CO OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:				ACE OF DEAT	(Chec	k only one)			
1 UYES 2 AO	1 🖾 Inpatient 2 i	ER/Outpatient 3		OTHER: 4 Nursing Hom		nce 6	Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident Inves	Ing tigation	Day, Year)		M 1 1	RK? 'ES 2 N		28d. DEŞCRIBE HOW I	NJURY OCCU	RED	
3 Suicide 6 Coul	28e. PLACE (OF INJURY At hore etc. (Specify)	ne, ferm, s	treet, factory, office		- 2	281. LOCATION (Street of	and Number of	Rural Route	Number

1 CERTIFYING PHYSICIAN: To the best of my knowledge,

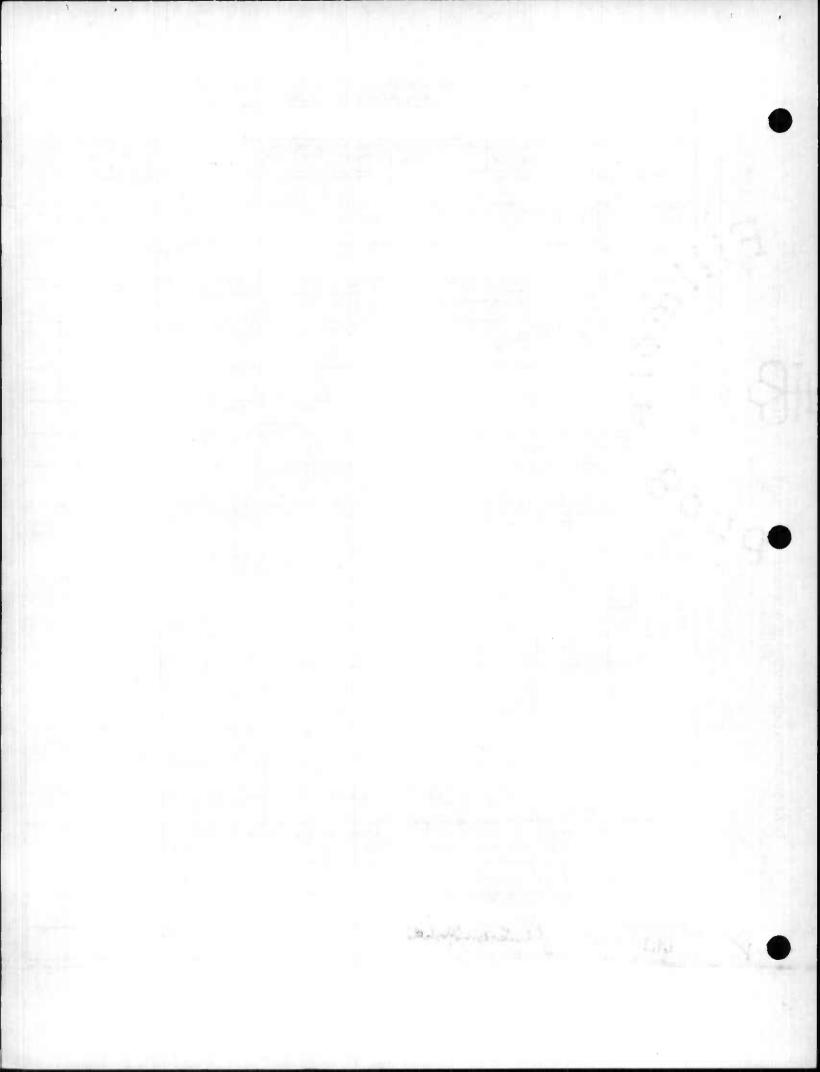
COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LICENSE NUMBER

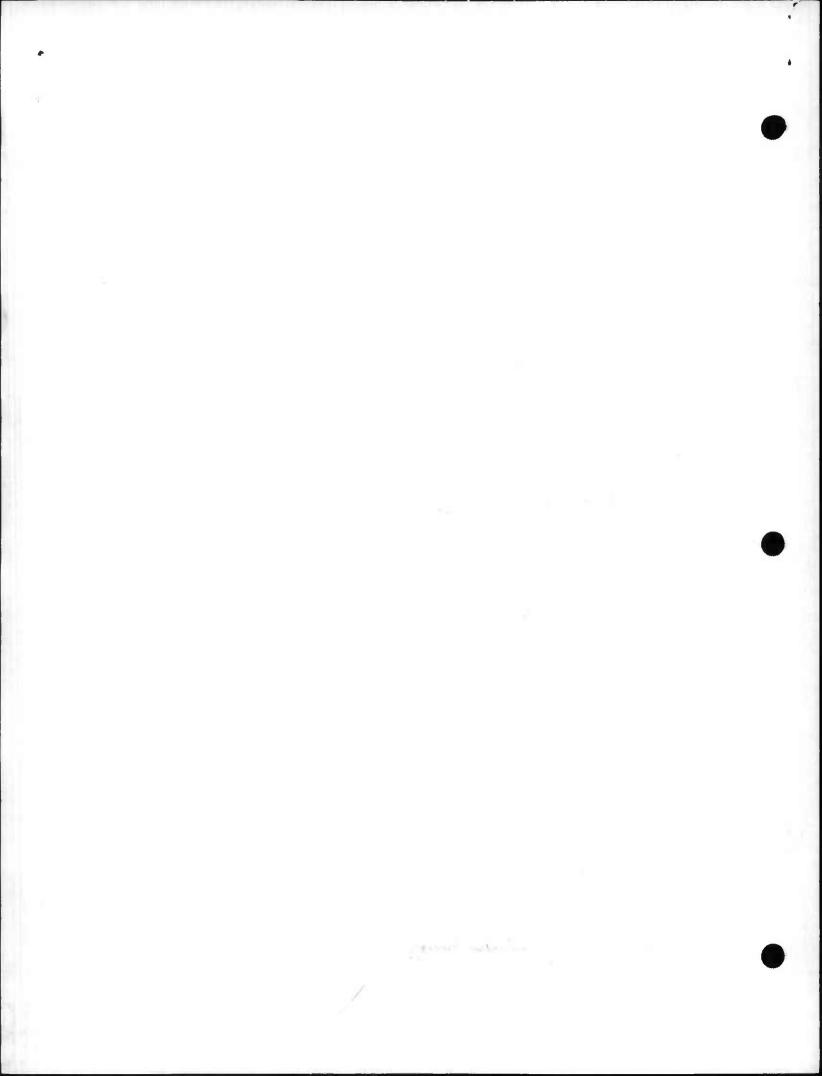
OCT 28 1992

Let 30 St

10 25



		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	IEALTH AND MI	ENTAL HYGIEN	E	6 (C	
		1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH MONTH DA	V Y	3. TEAR	TIME OF DEATH
			RICCI				10 25			1155 P
pin	j.	4. SOCIAL SECURITY NUMBER 216-34-3579 98. FACILITY NAME (If not institution, give	1 M 2 K F	fn yrs. lest birthday) 55 YRS.	IF UNDER 1 YEAR WONTHS DAYS	HOURS MIN.		37	Country)	aryland
, 2, 3 should	ECTOR	GREATER BALTIMOR	-	TER	TOWSON	OR LOCATION OF DEAT	Н	BALT	TIMOF	
permit, Pages 1,	DIREC	10e. STATE 10b. COUN	RROLL		TOWN OR LOCAT	TION			- 17	d. INSIDE CITY LIMITS? YES 2XXNO
	IAL	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN		
an. transit	FUNERAL	5164 PERRY ROAD				21771			Uni	ted Stat
215-0020 attending physician. ise as the burial-transit	В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	25 NO	If yes, sp	ENDENT OF HISPANIC ecity Cubers, Mexican, 2XXNO Specify:		or No- 14.	Black, WI Specify:	American Indian, hite, etc. White
or attender or att	ETED	16. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	18e. DECEDENT'S U	ork done during mo	ON st of working	18b. KIND OF BUS	INESS/INDUS	TRY	
D 21	PLE	8th grade	College (1-4 or 5 +)	Homema						
BALTIMORE, MARYLAND 21215-0020 are death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial retail examiner must be notified at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest) Charles E. Helv	vig	пошеша	Kel	The second second second	Shiloh	Surname)	_	
MAR retained 5 should	TO BE	19s. INFORMANT'S NAME (Type/Print)	aPicai Cr			and Number or Rural Room				
May be r or, page 5 set be n		Mr. Gordon G. I		PLACE AND DATE OF	Perry R		Airy, M	D 217		Diete
ALTIMORE, leath. Page 6 may be tuneral director, page xaminer must be		1 ⊠ Buriel 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify)	movel from State	etery cremetory or oth	er place) Mem. P	ark		ykesvi		
ALTIN death. Pag te funeral dir il.		21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			o Byers F		rector	e. T	nc
BAL I IMO after death. Page 6 by the funeral directo moval. cal examiner mu		James	O. Cover	1	8728	Liberty R	oad Rand	allsto	wn,	
24 hours filled in th on, or rei		23. PART I Enjoy the diseases, or shock, or heart failure immediate cause (Final disease or condition	List only one cause on el	oh-liñe.	ot enter the mo	de of dying, such a	na cardiac or reapli	ratory arrest	t,	Approximate interval Between Onset and Dea
		a. HYPOTENSION DUE TO (DR AS A CONSEQUENCE OF):								60 MIN.
N 8 5 - 6	Z	Convention to the second to the	SEPSIS	,						12 HRS.
De ex cian a ior to	ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	NONSMALL CEL	CONSEQUENCE OF)						0.150.5
certificat rding phy Hygiene p	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF)						2 MOS.
10 0 2 -1		PART II. Other significant condition	on contributing to death by	it not moulting in	the underlying	n neuron altura (a Ba	en Lauranian			
that the phy and hand is	MEDICAL		wie contributing to useful by			g cause given in Pa	PERFOR	MED?	COL	RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
	W.						-		1 [YES 2 NO
AL has	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000171			ACE OF DEATH (Check	only one)		<u></u>	
F VITA	YSI	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpe	etient 3 DOA		e 5 🗆 Residence 6	Other (Specify)			
PHY The state of t		27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT 2 RK? /ES 2 NO	8d. DESCRIBE HOW IN	JURY OCCUR	RED	
2 g g g	red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, stc. (Speci	— At home, farm, str			81. LOCATION (Street a City or Town, State)	nd Number or F	Rural Route	Number,
AL DIREC 72 hours 11 item	IPLET	29s. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of my knowle	edge, death occurred	at the time, date	and place, and due to	the cause(s) and man	ner se stated.	_	
	COMPL		IER: On the basis of examination	and/or investigation	, in my opinion, d	eath occured at the tin	ne, date and place, and	due to the ca	euse(s) and	d manner as stated,
물 물을 통	BE	296. SIGNATURE CONTROL	"eentos	M		29c. LICENSE NUMBI	2591	29d. DATE SH	ONED (MC	6193
222	2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, F	Print)	Da	30141	()) 4	110
		31. DATE FILED (Month, Day, Year)	2 32. REGISTRAR'S SIGNA	ATURE						
		OCT 2 8 1992	a Davidson-A	ndelle						



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	Ė.	y flee	tion,	ě
60,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a many after	TO THE CONTROL OF STATE THIS CERTIFICATE has been signed by the attending physician and community find in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or names	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
DIVISION OF VITAL RECORDS, P.O. BOX 68760	cuted	oo pu	ourial,	tic e
×	be en	ian ar	Or 10	auma a
B	ficate	physic	ne pri	ner tr
0	L'enti	nding	Hygie	or oth
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RD	hat the	by th	and)	ny in
2	iires t	signed	Health	W\$ 31
χ H	w requ	been	f. of	sho
AL	he lan	e has	e Dep	m 23
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5	HYSIC	iis cer	with th	ed, c
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copyright of determining proportions.	thed for use as the burial-transit		md.	
managed in the managed of the manage	MAL DIRECTOR: After this certificate has been signed by the attending physician and comments when in by the inner demonstrate and provided for use as the buriat-transit mermin Panes 1.2 3 should		iner must be notified at onc	
	completely filled in by the funer	ial, cremation, or remove:	event, the medical exami	
	I by the attending physician and	n 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	F. If Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified	
	this certificate has been signed	with the State Dept. of Health	rked, or item 23 shows at	
	TIME DIRECTION: After	72 hours after death	: If item 28 is mai	

	FOR									
_	1 - STATE REGISTRAR	SIAIE OF MAR	YLAND / DEPAI CERTIF	TOTAL OF	HEALTH AND	MENTAL HYGIEN REG. NO		2 29973		
	1. DECEDENT'S NAME (First, Middle, Last)	(HEL	EN W.	LEVY	()	2. DATE OF DEATH MONTH D	MY G	S. TIME OF DEATH		
	1	. /	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give stree	M 2 DE 9	U YRS.		DR LOCATION OF DE	7-27-	17 67	MARYLAND		
OR	BALTIMORE COUNTY O		SPITAL		LSTOWN	-Ain	BALT	TY OF DEATH IMORE		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE MARYLAND 10b. COUNTY			10c. CITY, TOWN OR LOCATION BALTIMORE				10d. INSIDE CITY LIMITS? 1 🎇 YES 2 🗌 NO		
FUNERAL	100. STREET AND NUMBER 7111 PARK HTS. AVE	7111 PARK HTS. AVE., APT. 505					101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA			
8≺	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black			14. RACE — American Indian, Black, White, etc.			
COMPLETED	(Specify only highest grade completed) (G			work done during me se retired.)		AT HOME		STRY		
BE CON	17. FATHER'S NAME (First, Middle, Lest) LOUIS WHITE				18. MOTHER'S NAME (First, Middle, Melden Surname) KATE SPEAR					
TO 8	J. LEO LEVY, JR.		19b. MAILING 7900		and Number or Rural I	BALTO., M		² 00(e)		
	28e. METHOD OF DISPOSITION A) Burial 2 Cremeilon 3 Remova 4 Donation 6 Other (Specify)	from State	20b. PLACE AND DATE	ther place)	300			ity or Town, Slate		
	21. SIGNATURE OF TUNERAL SERVICE LICEN	1-100	HAR SIN	22, NAME A	23/92 ND ADDRESS OF FA		TIMOR	E, PID		
	Agotuly //	tellen	he	6010	REISTERT	OWN RD. B	BALTO.	, MD 21215		
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lis	aplications that cau t only one cause or	sed the death. Do	not enter the mo	ode of dying, suci	h as cardiac or reso	iratory arres	Approximate		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Card	copula	n a	nost	myoca	idea	Interval Between Onset and Death		
NO	disease or condition resulting in death)	DUE TO (DAY A	S A CONSEDUENCE O	iotu	noof	myoca I desee	idea vilio	Interval Between		
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (DR A	copula	iotic	noof	myo ca I desee	idea vitio	Interval Between		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (DR A	S A CONSEDUENCE O	iotic	noof	myoca I desee	idea video	Interval Between		
빙	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (DR A	S A CONSEQUENCE O	n:	hear	myo ca I desee	AUTOPAY	Interval Between		
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR A	S A CONSEQUENCE O	n:	hear	MYOCA Infa Desce Part I. 24a. WAS AN PERFOR	AUTOPAY	Interval Between Onest and Death in Intuition Intuition Intuition Intuition Intuition Intuition Interval Between Onest and John Intuition Interval Between Onest Intuition Interval Between Onest Interval Between Onest Int		
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other significant conditions of the cause of the conditions of the cause o	DUE TO (OR A DUE TO (OR A DUE TO (OR A CONTRIBUTING TO deat	S A CONSEQUENCE O	in the underlyin	heau grause given in	Part I. 24a. WAS AN PERFOR	AUTOPAY	Interval Between Onset and Death M / Prudes Your Your 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
빙	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other significant conditions of the condition	DUE TO (DR A DUE TO (OR A Contributing to deat	S A CONSEQUENCE O	26. PIOTHER: 4 Nursing Horn Let Of Like Willey	hear	Part I. 24a. WAS AN PERFOR	AUTOPAY MEDY NO	Interval Between Onset and Death M / Nutley Yours Yours 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
D BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other significant conditions of the conditions of the cause of the conditions of the cause of the ca	DUE TO (OR A DUE TO (OR A DUE TO (OR A CONTRIBUTION OF INJUR (Month, Day, Yes	S A CONSEQUENCE O	26. PI 26. PI OTHER: 4 Nursing Horr HURY M 1 1	Ig cause given in LACE OF DEATH (Chr. TORK? YES 2 NO	Part I. 24a. WAS AN PERFOR 1 VES 2	AUTOPAY MEDY NO NJURY OCCU	Interval Between Onset and Death M / Prutts Yours Yours 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other significant conditions of the condition	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A CONTributing to deat COSPITAL: Impatient 2 DER/O 28a. DATE OF INJUE (Month, Day, Yea 28a. PLACE OF INJUE building, stc. (S	S A CONSEQUENCE O S A CONSEQUENCE O The but not resulting Putpetlant 3 DOA TY 28b. TIM IN. JRY — At home, farm, ipecify)	26. PI OTHER: 4 Nursing Horr HURY M 1 Control Setreat, factory, office	A Cause given in LACE OF DEATH (Che 6 Residence JURY AT JURY AT 2 NO	Part I. 24a. WAS AN PERFOR 1 VES 2 BICK ONly One) 8 Other (Specify) 28d. DESCRIBE HOW II City or Town, State)	AUTOPRY NO NUMBER OF	Interval Between Onset and Death M / Prudes Your Your 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other significant conditions of the condition	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A CONTributing to deat DUE TO (OR A CONTRIBUTION OF INJUR A CONTRIBUTION OF INJUR DUE TO (OR A DU	S A CONSEQUENCE O S A CONSEQUENCE O The but not reaulting Putpatiant 3 DOA TY 28b. TIM IN. JRY — At home, tarm, specify)	in the underlyin 26. Pi OTHER: 4 Nursing Hom IE OF 28c. IN. INURY M 1 streat, factory, office	Ig cause given in LACE OF DEATH (Chr. THE STATE OF DEATH (Chr. THE	Part I. 24a. WAS AN PERFOR 1 VES 2 Ock only one) 8 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the ceuse(e) and mar	AUTOPAY MEDY NO NUURY OCCU	Interval Between Onset and Death M / Prudes Your Your 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
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E COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other significant conditions of the condition	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A CONTributing to deat COSPITAL: Impatient 2 DER/O 28a. DATE OF INJUR (Month, Day, Yea 28a. PLACE OF INJUR building, stc. (S) N: To the best of my kr On the basic of examina	S A CONSEQUENCE O S A CONSEQUENCE O The but not reaulting Putpatiant 3 DOA TY 28b. TIM IN. JRY — At home, tarm, specify)	26. PI OTHER: 4 Nursing Horn E OF 28c. IN. WC 1 strast, factory, office and at the time, data on, in my opinion, d	PLACE OF DEATH (Chine 6 Rasidence JURY AT ORK? YES 2 NO	Part I. 24e. WAS AN PERFOR 1 VES 2 Color only one) 8 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(a) and mar time, data and place, and	AUTOPAY MEDT NJURY OCCU and Number of	Interval Between Onset and Death M / Prudes Yours Yours 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		

MOTORINE JUNEAU

TE ISTRAR	23	FANI	STATE OF MA	RYLAND / DEI	PARTMEN	IT OF H	EALTH AND	MENTAL
ITEMS.	23	DART	I, II, 27, 28a, b	d o f D	ED MEO	0 602	11 /17 /02	noh

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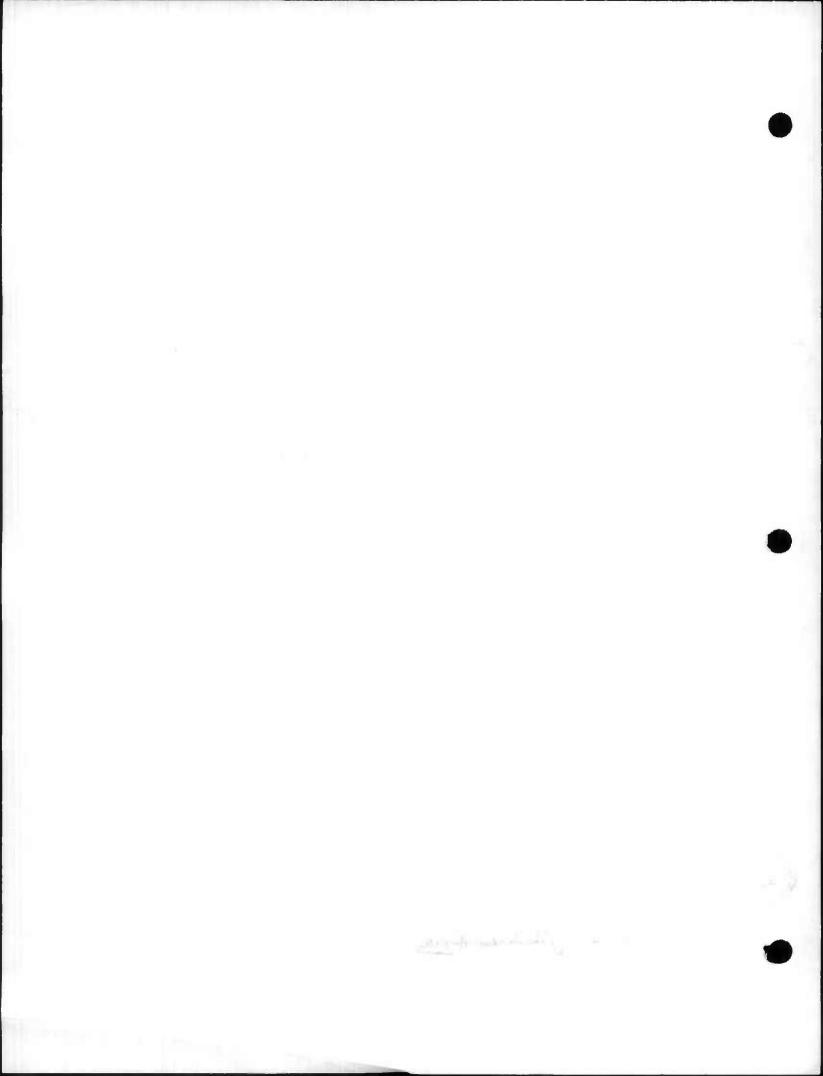
		STATE OF MARYI	LAND / DEPART	MENT OF HEALTH AN	D MENTAL HYGIEN		- 3314			
18	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH			
	Brian	V		Morsley	10 23		9:30 A.M			
	AND STREET OF STREET OF STREET	SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEAR F UNDER 24 HR	(Morith, Day, Year)	Count				
			37 YRS.		12-16-5		yland			
Œ		9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
5	4608 Pimlico R	Road		Baltimore C	ity					
DIRECTOR	106. STATE 106. COUNTY 10c. CITY, TOWN OR LOCATION 10d Baltimore City									
1	MD.				LLY		1 2 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 2032 E. 30 TH	Street		101. ZIP CODE 2121	8	10g. CITIZEN OF V				
2		2. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DECENDENT OF HIS If yes, specify Cuben, Me	PANIC ORIGIN? (Specify Yes	or No- 14, RACI	E — American Indian, k. White, etc.			
8Y	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I		1 TES 2 TO NO Sp		Speci	(he			
	15. DECEDENT'S EDUCATI	ION	16a. DECEDENT'S U	SHAL OCCUPATION	165 VIND OF BU	SINESS/INDUSTRY	Black			
COMPLETED	(Specify only highest grade con	ripleted) College (1-4 or 5 +)	(Give kind of wo	rk done during most of working retired.)	2500-1915/1905					
릴		, , ,	Ship	yard	Une	employed	l			
S S	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Meiden Ciam Will	Surname)				
BE (Emory R. Mors	ley		Mar	riam Will	lams				
2	19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or Ru						
	Marriam Morsl			2 E. 30th St						
	1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State 20	b. PLACE AND DATE OF metery, crematory or oth	or place) Mem. Park 1	DATE 20c. LO	cation - city or to	MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	Arbutus .	22. NAME AND ADDRESS OF	0/49/94 FACILITY					
	Doutha 2	Jector	#281	E.L.Phill:	$Eps F/H_{Bal}^{172}$	1-27 N.	Monroe ST.			
	23. PART I. Enter the diseases, or com	pilcations that cause	d the death. Do no	t enter the mode of dying,	such as cardiac or resp	iratory arrest,	Approximate			
	shock, or heart failure. List IMMEDIATE CAUSE (Final	t only one cause on a	each line.				Interval Between Onset and Death			
	disease or condition resulting in death)	ACUTE NARCO	OTIC INTOXIC	ATION						
		DUE TO (DR AS	A CONSEQUENCE OF)							
NO	Sequentially list conditions, b	DUE TO LOD AS	A CONSEQUENCE OF)							
ATI	if any, leading to immediate cause. Enter UNDERLYING	DOE TO JOH AS	A CONSEQUENCE OF							
E	CAUSE (Disease or injury that initiated events	DUE TO (DR AS	A CONSEQUENCE OF)							
CERTIFICATION	resulting in death) LAST									
	PART II. Other significant conditions of	ontributing to death	but not resulting in	the underlying cause given	in Part i. 24s, WAS AN	ALITOPSV 24h	. WERE AUTOPSY FINDINGS			
CAL	HIV TEST POSITIVE FO				PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDI			WORLD DET 101	LITOT STITUTORIL	1 NES 2	NO NO	OF DEATH?			
2							1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one)					
Sic		OSPITAL:		OTHER: I Nursing Home 5/13/Residen	ce 6 Cher (Specify)					
£	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED				
BY	1 Natural 19 Punding 2 Accident Investigation	FOUND 10/23/		M 1 TES 2 NO	UNKNOWN					
	3 Suicide & XXCould not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, sti	eet, factory, office	281. LOCATION (Street of City or Town, State)	and Number or Rural F 4609 PIML	Toute Number,			
ETE		FOUND AT HON	1E		BALTIMORE		ICO KD.			
APL				at the time, date and place, and						
COMPLETED	2 X MEDICAL EXAMINER: C	On the bests of examination	on and/or investigation.	In my opinion, death occured at	the time, date and place, an	d due to the cause(s) and manner as stated.			
BE (296. SIGNATURE AND TITLE OF CERTIFIER	11.000		29c. LICENSE		29d. DATE SIGNED	(Month, Day, Year)			
2	whee the	71111			C.M.E.	10/	24/1992			
	30. NĂME AND AMDRESS OF PERSON WHO C	11			ltimore	Marca	A 21201			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE	n Street, Ba	arthmore,	maryran	d 21201			
	OCT 28 1992 julie	Devidson-Par	place							



BALTIMORE, MARYLAND 21203-3146

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. THE CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det		Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
page		pe	
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIENI REG. NO.	E			
	1. OECEDENT'S NAME (First, Middle, Last)		,			2. DATE OF OEATH MONTH DA	y ye	3. TIME OF OEATH		
1	Je (ma	M16-1	M M	IGDALL		10 22	92			
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F F RS. 6. AGE (In yrs. last birthday) 15 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (Month) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (MONTH) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (MONTH) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (MONTH) 17 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIR (MONTH) 17 UNDER 1 YEAR 17 UN					1) 1917 A. BIRTHPLACE (State or Fore Country) MARYLAND			
OR	9a. FACILITY NAME (If not institution, give atm BALTIMORE COUNT)	eet and number) Z GENERAL HO	SPITAL °	RANDA	R LOCATION OF DE LLSTOWN	ATH	ec. county BAL I	IMORE		
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		I so city	TOWN OR LOCAT	ION			10d. INSIDE CITY		
DIRECTOR		TIMORE	RA	NDALLSI	NWO.			LIMITS?		
FUNERAL	3807 PIKESWOOD	DR.		101.	21133		10g CITIZEN USA	OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes, spi		IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify WHITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of wor iffe. Do NOT use i RESEAR	k done during moretired.)	N st of working	166. KIND OF BUS	SINESS/INDUST			
BE CON	17. FATHER'S NAME (First, Middle, Lest) JOEL EPSTE	IN			16. MOTHER'S NAI SAL	ME (First, Middle, Malden] LE	SCHEC	CHTER		
TO B	190. INFORMANT'S NAME (Type/Print) ALAN MIGDALL		and the second s			Noute Number, City or Town		G, MD 20879		
	20er METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State	PLACE OF DISPOSIT other piece) BETH TF		netery, cremetory or _0/23/92		CATION — CITY ALTIMOF			
	21. SIGNATURE OF UNERAL BERVICE LICE	Luis		SOL		N & BROS., RTOWN RD.	INC. BALTO	., MD 21215		
	23. PART . Sinter the disease, or continue. A since the silver of the si	let pnly one ceuse on e	ech line. Myrrau	dial		n as cardiac or reapi	ratory srrest	Approximete Interval Between Onset and Death		
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significant conditions	contributing to death b	out not resulting in	ths underlying	g cause given in			24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	Diubetes Mel	litus				PERFOF		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)		l .		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:		6 Other (Specify)				
	27. MANNER OF DEATN 27. MANNER OF DEATN 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCUR	RED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	f — At home, farm, str			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only	CIAN: To the best of my know								
	2 MEDICAL EXAMINED 29b. SIGNATURE AND TITLE OF CERTIFIER		on and/or investigation,	, in my opinion, c	leath occured at the			ause(a) and manner as stated.		
TO BE	Secury 1.	A. MD				281	► /U	IGNED (Month, Day, Year) 1 - 22-11 L		
F	Buttingte Gu	enty Gen	eath (ITEM 27) (Type, F	wasita	1.					
	" OCT 28 1992	1 32 PAGISTRAR'S SIG	CHOCKE.	-1						



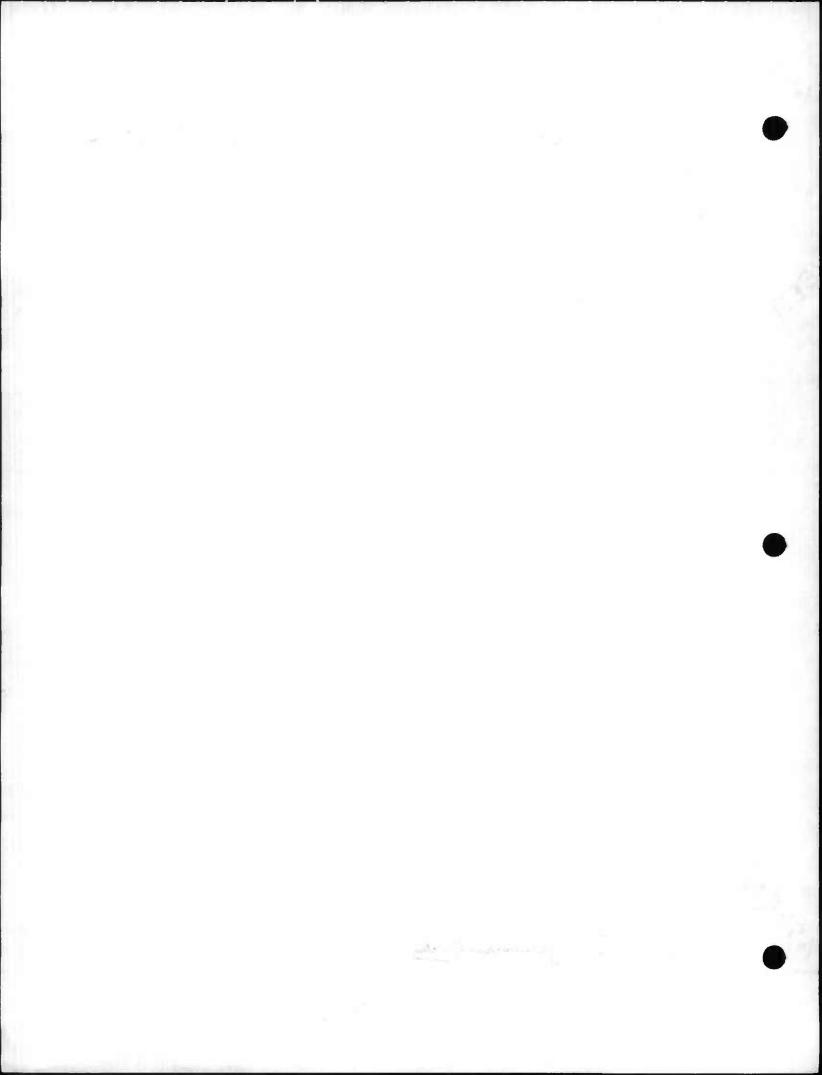
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DIVISION OF VITAL	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			ENTAL HYGIEN		2 29976
	1. DECEDENT'S NAME (First, Middle, List SOSE) 4. SOCIAL SECURITY NUMBER	IE YERS	In yrs. lest birthdey)	UNDER 1 YEAR		2. DATE OF BEATH BY TO BE THE BEATH BY THE BY T	19	SIRTHPLACE (State or Foreign
	218-32-4849A	1 □ M 2 🗓 F 84	YRS. MO	NTHS DAYS	HOURS MIN.	10/7/190	8 P	COUNTY) ENNSYLVANIA
CTOR	NORTH H	RUNDEL	tsp.	GLEN BU	JRNIE		Hnne	Hrundel
AL DIRE		NE ARUNDEL	10c. CITY, T		NAPOLIS ZIP CODE		4- 07777	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERA	129 SUMMER VIL				21401			USA
D BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF HISPANIC offy Cuben, Mexican, 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
13 13	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re TEACHER	done during mos tired.)	N st of working	EDUCATI		TRY
at once.	17. FATHER'S NAME (First, Middle, Linst) LOUIS LEV	/IN			18. MOTHER'S NAME	E (First, Middle, Maidee	ALLAN	
be netified TO BE	190. INFORMANT'S NAME (Type/Print) DR.MARC J. MEYERS	5			nd Number or Rural Ro ILLAGE DR	Number, City or Tow ANNAPC		1D 21401
r must b	29a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re- 4 Donation 5 Other (Specify)	noval from State	PLACE AND DATE OF D etery, crematory or other HAR SINAI	place)	0/25/92	OWI	NGS MI	or Town, State
medical examiner must be	21. SIGNATURE OF FUNERAL SERVICE L	ay Luis		6010	REISTERTO		BALTO.,	
c event, the medical	23. PART I/Enter the diseases, or shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A	the death. Do not ach line.	enter the mod	Cure	7	ratory arrest	Approximata Interval Between Onset and Death Limine death
traumati	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	bDUE TO (OR AS A	CONSEQUENCE OF):					
S. S.	resulting in death) LAST							
MEDICA	Pen for ate	ns contributing to death b	ut not resulting in the	He underlying		24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO WOODDLETTON OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Propertient 2 ER/Outp		THER:	ACE OF DEATH (Check			
s marked, or BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJU	JRY AT 2	ed. DESCRIBE HOW I	NJURY OCCUR	ED
28 Is TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	t, factory, office	2	281. LOCATION (Street a City or Town, State)		Rural Route Number,
IMPORTANT: If item 28 is	anal	SICIAN: To the best of my knowl ER: On the besis of szamination						suse(s) and manner as stated.
IMPORTA TO BE (296. SIGNATURE AND TITLE OF CERTIFIC	Loursel	m		D 23	811	29d, DATE SI	GNED (Month, Day, Year) O 2/ 42
	J. Forman	no 4	07 5, (1	rain	Glen Bur	rie lul	2100	91
	31. DATE FILED (Month, Day, Year) 0CT 28 1992	32. BEGISTRAR'S SIGN	ATURE					



8. BIRTHPLACE (State or Foreign

4 Maryland

2. DATE OF DEATH

7. DATE OF BIRTH

6-21-1904

10

IF UNDER 24 HRS.

3. TIME OF DEATH

5. SEX

9a. FACILITY NAME (If not institution, give street and number)

1 🗌 M 2 🙀 F

IF UNDER 1 YEAR

8. AGE (In yrs. last birthday)

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BALTIMORE, MARYLAND 21215-0020

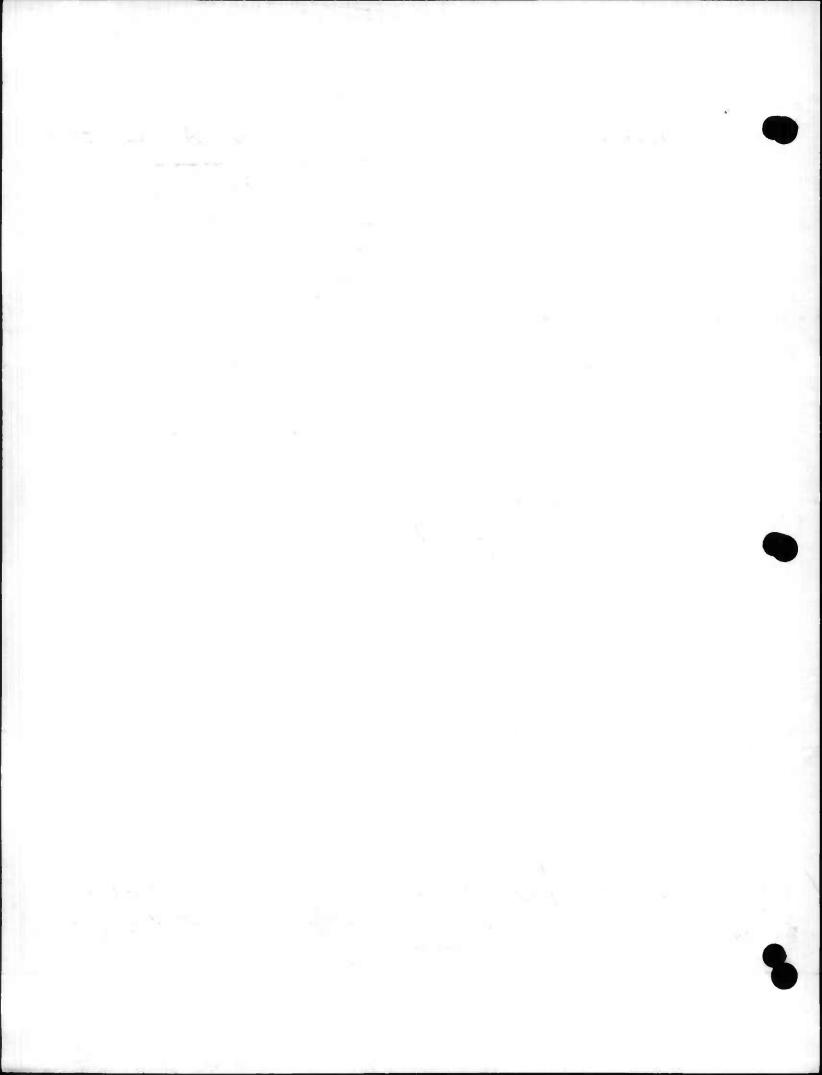
DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law

SPITAL

DIRECTOR Sinai Hospital Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Brooklandville 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 515 Brighfield Rd. 21022 USA 11. MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Marri 1 YES 2 NO Specify: BY 3√ Widowed 4 ☐ Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 5th grade Homemaking 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Harry H. Maglidt notified at Katherine Gable BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Jeanne W. Price 9810 Magledt Rd. Baltimore Md. 9 20s. METHOD OF DISPOSITION
1)(C)(Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION — City or Town, State DATE must Moreland Memorial Park 10/28/92 Balto., Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home Xesselv Hom E 7401 Belair Rd. Baltimore, Md. medicai 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Enter the diseases, or complications that shock, or heart failure. List only one cause on each line. Approximate Interval Betw 6 IMMEDIATE CAUSE (Finel Onset and Death the disease or condition PNEUMONIA traumatic event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other t that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24a. WAS AN AUTOPSY PERFORMED? n signed by the Health and N 1 YES 2 NO 1 YES 2 NO PHYSICIAN: After this certificate has by death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL: OTHER: 1 YER 2 NO tient 2 - ER/Outpetient 3 - DOA 10 e 5 🗆 Residence 6 🗆 Other (Specify) 4 - Nursing H 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending Investige 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 80 COMPLETED 6 Could not be INERAL DIRECTOR; ithle 72 hours after 4 Homicide 28 Hem ; 29e. CERTIFIER

(Chack only

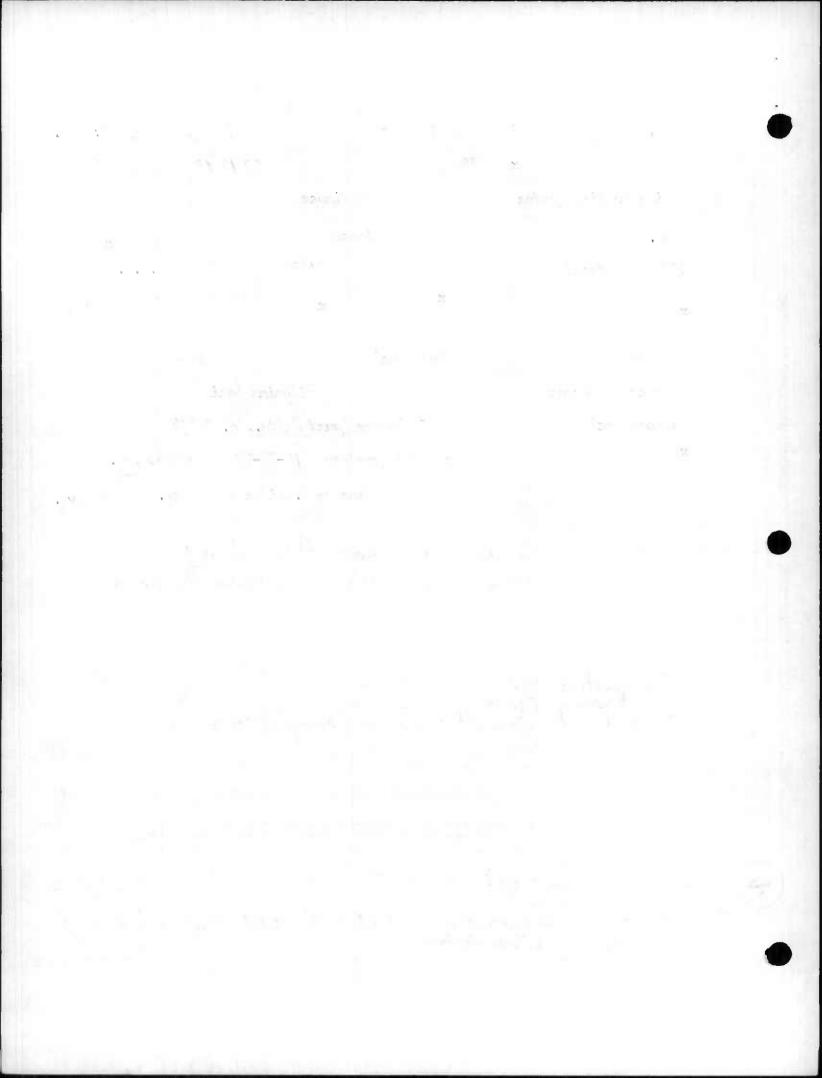
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. within 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 10/24/92 RESIDENT 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SINGI HOSPITAL OF BAITIMORS MARY Banez Ann 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 28 1992 DHMH-16 Rev 1/89



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ittending physician.	e as the burial-transit permit. Pages 1, 2, 3 should	
rYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dect. of Health and Memai Hoolene prior to burial, cemation, or removal.	Ical examiner must be notified at once.
the death certificate be executed within 2. Jours a	this certificate has been signed by the attending physician and completely filled in by the furwith the State Dect. of Health and Mental Hydene prior to burial cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATTENDING PHYSICIAN: The law requires that	CTOR: After this certificate has been signed by after death with the State Dect. of Health and	28 is marked, or item 23 shows any
E HISPITAL OR !	E FUNERAL DIRE	HTANT: II Ibm

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			IENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Louise Jose	phine Mac	k		2. DATE OF DEATH	6 9	12 3	3:00 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In 1 M 2 F 79	yrs. fest birthday) IF U		F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 03 /3 /3		BIRTHPL Country)	ACE (State or Foreign Italy
CTOR	90. FACILITY NAME (If not institution, give et Lorien Nursing, (CRESIDENCE OF DECEDENT		9b.	Baltim	LOCATION OF DE	ATH	9c. COUNTY	OF DEAT	тн
DIRECTOR	10a. STATE 10b. COUNTY			WN OR LOCATION	N		- 47	1	Dd. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 436 Imla Street				21224		4.5	5.A.	AT COUNTRY?
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FDRCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO		ty Cuben, Mexican	C DRIGIN? (Specify Yes o , Puerto Rican, etc.)	r No 14.	RACE — Black, V Specify:	- American Indian, White, etc. White
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16e. DECEDENT'S USUA (Give kind of work of life. Do NOT use reti Housewar	ione during moet : red.)	of working	166. KIND OF BUSH		TRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) Henry Berna	nd		1		NE (First, Middle, Melden Si na Sari	imame)	H	
TO B	190. INFORMANT'S NAME (Type/Print) Gregory Mack					oute Number, City or Town, O., Md. 212		de)	
	20e. METHOD OF DISPOSITION 1 DEBuriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	PLACE OF DISPOSITION (CAR Lawn (emetery	10-2	8-92 Ea	ATION — CHY		
	21. SIGNATURE OF FUNERAL SERVICE LICE	D. Jule			s S.Zei	ler & Son S	Inc. 8	5224 ast	ern Ave.
CERTIFICATION	23. PART I. Enter the disease, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ch line.			i dent			Approximate Interval Between Onset and Death
MEDICAL	PART II. Other significent conditions CONTROL TO VERY CONTROL 25. WAS CASE REFERRED TO MEDICAL	a contributing to death but the struct of th	t not resulting in the	use	CE OF DEATH (Che	PERFORM 1 - YES 2		0	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH? YES 2 NO
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Outpar 28a. DATE OF INJURY		HER: Nursing Home	5 - Residence	6 Other (Specify) 28d. DESCRIBE HOW IN.	HIEV OCCIN	ED	
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 5 Could not be	(Month, Day, Year) 28e. PLACE OF INJURY -	- At home, farm, street	M 1 YE	67 S 2 □ NO		I Number or Rural Route Number,		
ETEC	4 Homicide determined	building, etc. (Specif				City or Town, State)			
COMPLETED	(Check only	CIAN: To the best of my knowle R: On the basic of examination							and manner as stated.
BE	29b. SIDNATURE AND TITLE OF CERTIFIER	292		-	D41	955	29d. DATE 8	O A	40nth, Day, Year) 26/62
0	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF OEA			1C B	ALTO A	10	21	224
	31. DATE FILED (Month, Day, Year)	sha Dayason-Man	TURE						



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	36 63313							
	1. DECEDENT'S NAME (First, Middle, Leal) E. NEUBECK 2. DATE OF DEATH DAY MONTH DAY	YEAR 3. TIME OF DEATH							
TOR	4. SOCIAL SECURITY NUMBER 220-07-709 1 M 2 F 8. AGE (In yrs. last birthday) F under 1 YEAR F under 24 MRS. 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 F YRS. MONTHS DAYS HOURS MIN. 10-18-1	8. BIRTHPLACE (State or Foreign Country)							
	9a. FACILITY NAME (If not institution, give street and number) Bel Air Conv. Home Bel Air	Harford							
DIRECTOR	Md. ANN ARUNDEL 10c. CITY, TOWN OR LOCATION MILLERSVILLE	10d. INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL	TOO. STREET AND NUMBER 720 DOAGES DRIVE 101. ZIP CODE 2 1108	10g. CITIZEN OF WHAT COUNTRY?							
BY	TF YES, GIVE WAR OR DATES 1 □ YES 2 NO Specify:	or No.— 14. RACE — American Indian, Black, White, etc.							
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +)	INESS/INDUSTRY							
TO BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town,	HRMANN , State, Zip Code)							
	20e, METHOD OF DISPOSITION 10 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, crematory, or other place) 10 Buriel 2 Cremation 3 Removal from State	ATION — City or Town, State							
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE Jair 22. HAME AND ADDRESS OF FACILITY PARTY OF THE PURE OF PUNERAL SERVICE LICENSEE JAIR AND ADDRESS OF FACILITY PARTY OF THE PURE O	of memories							
	23. PART I. Enter the diaeees or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respirations, by head failure. List only one ceuse on eech line. IMMEDIATE CAUSE (Fine disease or condition resulting in death) a. A sage Chronic Regulatory for the condition resulting in death)	Approximate interval Between Onaet and Death							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in death) LAST								
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORM 1 YES 2	MEO? AVAILABLE PRIOR TO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:								
HYSI	T YES 2 NO 1 DOA OTHER: 1 YES 2 NO 1 DOA OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA DO	INDV OCCUPED							
ВУ Р	2 Accident Investigation M 1 YES 2 NO	I. DEŞCRIBE HOW INJURY OCCURED							
8	3 Suicide 8 Could not be building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street en City or Town, State)	nd Number or Rural Route Number,							
COMPLET	29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and mann one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and								
BE	29c. LICENSE NUMBER M) 0 / 8779	29d. DATE SIGNED (Month, Day, Year)							
TO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print) Albert S. C. Sun, M.D. 1800 Harford Rd., Fallson MD	2/047							
	31. DATE FILED (Morith, Day, Year) OCT 2 8 1992 Julia Sandson								

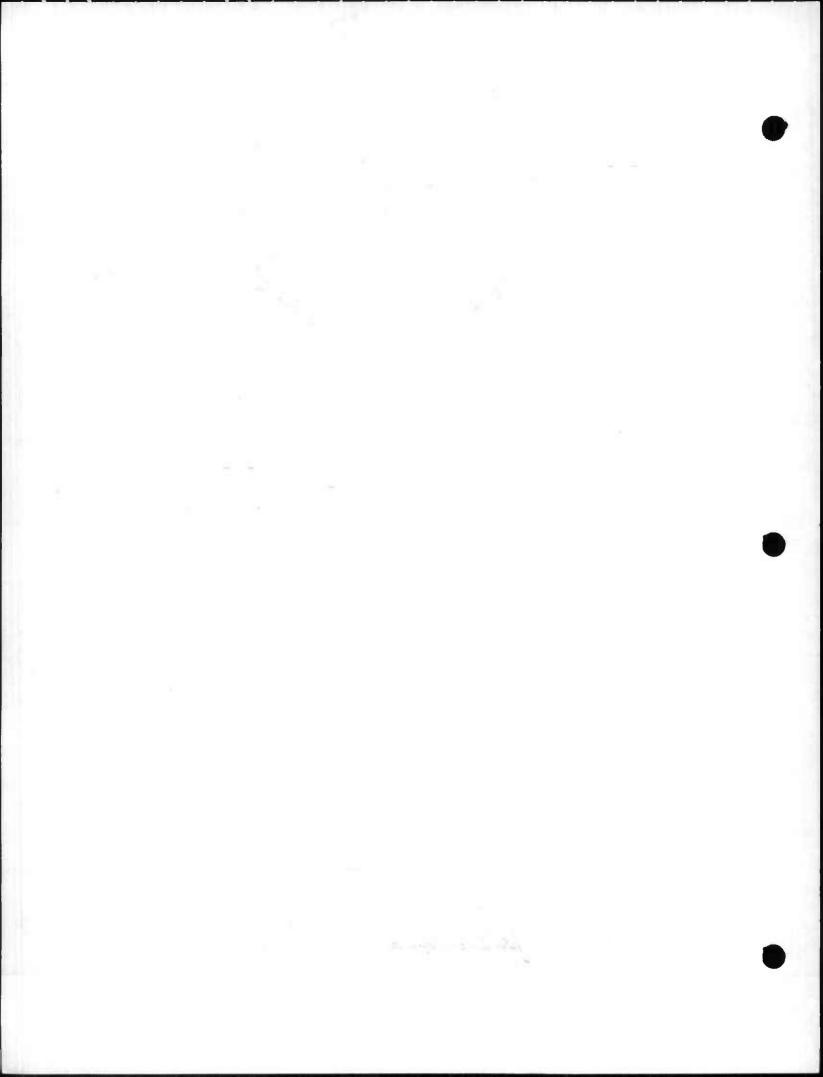
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INI. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should how the training the property of the page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

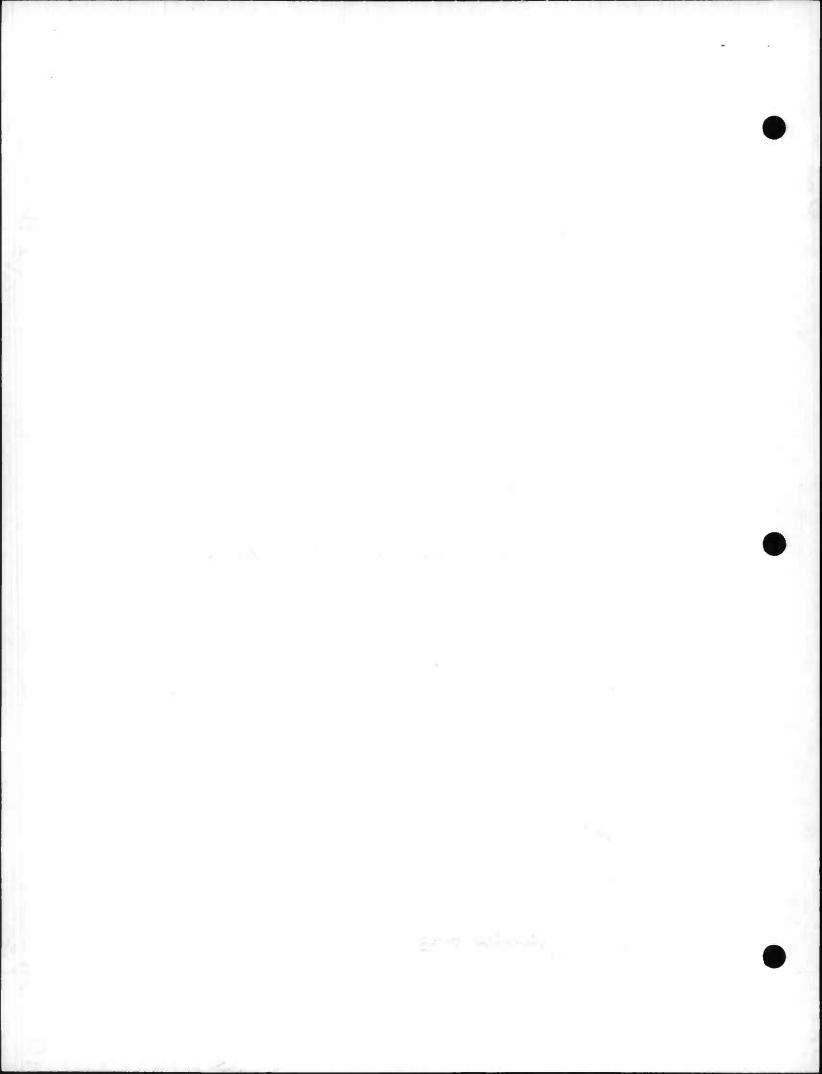
	1	FOR STATE REGISTRAR	STATE OF MAR		DEPAR					MENTAI	HYGIEN REG. NO			
	1	. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
		Elizabeth	Jane	PF	TRECO	â				10	/ 23		YEAR CL	11.17 p M
	T	I. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. les		IF UNDER 1	_	IF UNDER	24 HRS.	7. DATE	OF BIRTH		a BIRTH	PLACE /State or Formion
		219-18-9317	1 □ M 2 □XF	67	YRS.	MONTHS	DAYS	HOURS	MITTEL.	19 ont	10 192	5	Mo	iryland
l	-	De. FACILITY NAME (If not institution, give a				9b. CITY, 1			ON OF DE	EATH		9c. COUN		
9		Franklin Squa	re Hospital			Ro	55V-	ille				Ral +	imor	e County
L DIRECTOR		RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION												
	I	laryland	,	Dundalk					lk	h			10d. INSIDE CITY LIMITS? 1 YES 21 NO	
A A	. I	04. STREET AND NUMBER					101.	ZIP CODE				10g. CITIZ	EN OF W	HAT COUNTRY?
BY FUNERAL		8252 Longpoint	Road						2	1222			и.	S.A.
15	T	1. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 7			13. W	S DEC	ENDENT O	F HISPAN	IIC ORIGIN	7 (Specify Yes	or No-	14. RACE	- American Indian,
<u> </u>		Never Married 2√X Married □ Widowed 4 □ Divorced	IF YES, GIVE WAR O		NO			2 NO		n, Puerto F /:	tican, etc.)		Specif	, White, etc.
								7070						White
		15. DECEDENT'S EDU- (Specify only highest grade	completed)	(G	CEDENT'S I	ork done du	UPATIO	N at of workin	g	16b.	KIND OF BU	SINESS/INDU	JSTRY	
COMPLETED		10th Grade	College (1-4 or 5+)		Chief		roll	2 Cle	rk		Lever	Brot	hors	
NO W	T,	7. FATHER'S NAME (First, Micidle, Last)									Aidalle, Maiden			
TO BE COM		Joseph Alfred t	Hall								Mildr		iaht	
) BE		De. INFORMANT'S NAME (Type/Print)	-	19	b. MAILING	ADDRESS (Street at				er, City or Tow		-	
		John A. Petrecco	ζ								ındalk			d 21222
		0a. METHOD OF DISPOSITION					ION (Na	ne of		DATI	20c. LO	CATION — C	ity or To	vn, State
		20s. METHOD OF DISPOSITION 1 1 Surial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of complex), crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State												
	2	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc.									b Tue			
248		Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 21222												
CERTIFICATION		23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Presumptive Acute myocardial infarction Due to (DR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury												
CERTIFI		that initiated events resulting in death) LAST d.												
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPS									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
ICIA	1 2	5. WAS CASE REFERRED TO MEDICAL EXAMINER?				-0.10	26. PL	ACE OF D	EATH (Ch	eck only on	e)			
SIC		1 YES 2 NO	HOSPITAL:	Outpetient 3	□ DOA	OTHER:	g Home	5 🗆 Re	sidence	6 🗆 Other	(Specify)			
Ä	2	7. MANNER OF DEATH	28a. DATE OF INJUI (Month, Day, Yes		28b. TIME	OF 2	Bc. INJL	JRY AT			CRIBE HOW I	NJURY OCC	URED	
BY P		1 Natural 5 Pending Accident Investigation	(Month, Day, 100	31/	11130	M		ES 2	NO					
	94	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									oute Number,			
COMPLETED	2		CIAN: To the best of my kr											
	-		E. On the basis of examina	/ BNG/OF	···vestigation	i, in my opt	mon, de				and place, an	d due to the	cause(a)	and manner as stated.
띪	1	m. sichatung and tilple for clearing in	dent		7/	40		29c. LICE	NSE NUM	IBER		29d. DATE		(Month, Day, Year)
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2	3	Dr ML Frydenborg					Dv:	VO P	214	imore	112			



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		1 - FOR STATE REGISTRAR	STATE OF MARYL		TIMENT OF H		MENTAL HYGIEN		23301		
		1. DECEDENT'S NAME (First, Middle, La					2. DATE OF DEATH MONTH	MY YEAR	3. TIME OF DEATH		
,	- 5	4. SOCIAL SECURITY NUMBER		sey Pea			October 2		М		
pin		336-09-4778	13∑XM 2 □ F 8	in yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Morith, Day, Year) 12-13-190	6 II	THPLACE (State or Foreign ntry) 1inois		
2, 3 should	стов	9a. FACILITY NAME (# not institution, gh 725 Mt. Wilson) RESIDENCE OF DECEDENT			Pikes	Ville	EATH	Baltimo	re County		
physician. burial-transit permit. Pages 1,	DIREC	10e. STATE 10b. COU	NTY ltimore Co.	10c. CIT	y, town on locat				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
sit permi		10e. STREET AND NUMBER				. ZIP CODE		1	WHAT COUNTRY?		
attending physician. se as the burial-tran	BY FUNERAL	725 Mt. Wilson] 11. MARITAL STATUS 1 Never Married 2 (X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		NC ORIGIN? (Specify Yen, Puerto Rican, etc.)	Ble	CE — American Indian, ick, White, etc.		
_ 3	ETED	15. DECEDENT'S E (Specify only highest gr	ede completed)		USUAL OCCUPATION work done during mo		16b. KIND OF BU	SINESS/INDUSTRY	White		
Spital of 50	COMPLE	Elementary/Secondary (0-12)	6 years		cal Engi	lneer	Phe	bco			
2 2 W	BE CO	17. FATHER'S NAME (First, Middle, Last) Joseph Pearce					ME (First, Middle, Meider Len Morris				
s retained to 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print) Mrs. Marcia Burg	adorf		ADORESS (Street a		Route Number, City or Tox	vn, State, Zip Code)			
ay be		20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 🙀 Cremation 3 ☐ R	emoval from State	PLACE AND DATE	OF DISPOSITION (Na	ame of	DATE 20c. LC	OCATION — City or	Town, State		
		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Ca	rroll Cr	emation 22. NAME AN	Inc. 10	CILITY	ampstead			
after death. Pag by the funeral di moval.		Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133									
24 hours / filled in I fion, or re the med		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
h certificate be execunding physician and Hygiene prior to bur or other traumatic	MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):									
requires that the een signed by the of Health and M shows any injury		PART II. Other significant condit	ions contributing to death be	ut not resulting	in the underlying	g cause given in	Part I. 24e. WAS AN PERFOU	RMED?	No. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN: The law certificate has be to the State Dept. 1, or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	etion 2 Dos	OTHEB	ACE OF DEATH (Che					
NG PHYSICIA fter this certif eath with the marked, or		27. MANNER OF DEATH 1 Matural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	e 5 Residence URY AT RK? /ES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED			
TTENDI TOR: A after di 28 is	TED BY	2 Accident Investigatio 3 Suicide 6 Could not t 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, i			28f. LOCATION (Street City or Town, State)		I Route Number,		
AL DIRI	COMPLET		YSICIAN: To the best of my knowl						(S) and manner as stated.		
TO THE HOSPITAL TO THE FUNERAL De fied within 72 I	TO BE C	29b. SIGNATURE AND TITLE OF CENTU	MI			29c, LICENSE NUM	1145	29d. DATE SIGNE	27/52		
1		30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print)			•			
		OCT 28 1992	Julie Dentine 2 19	HILDERS.							

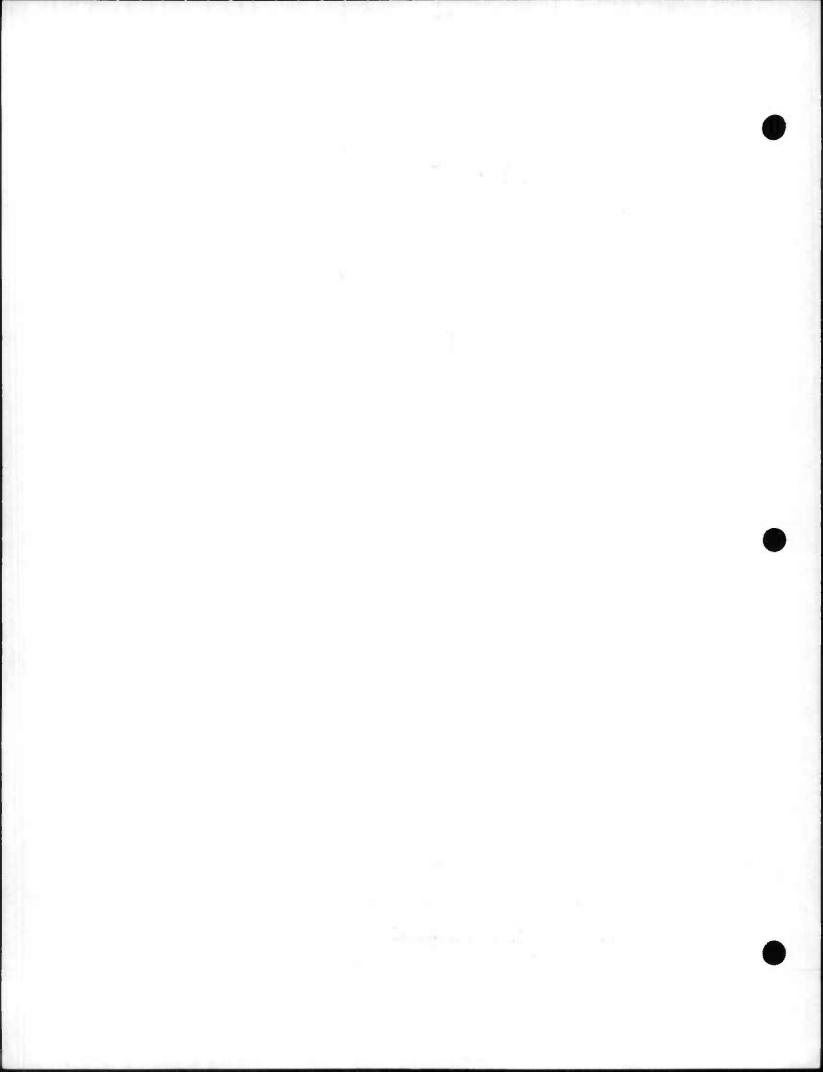


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, Pages 1, 2, 3 should	rith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
DING PHYSICIAN: The law requires	After this certificate has been signed	death with the State Dept. of Healtl	marked, or item 23 shows a
O THE WASHINGTON ATTEN	IN THE PROPERTY. CHRECTOR.	on the section? I hours other	MPORTANT: If Item 28

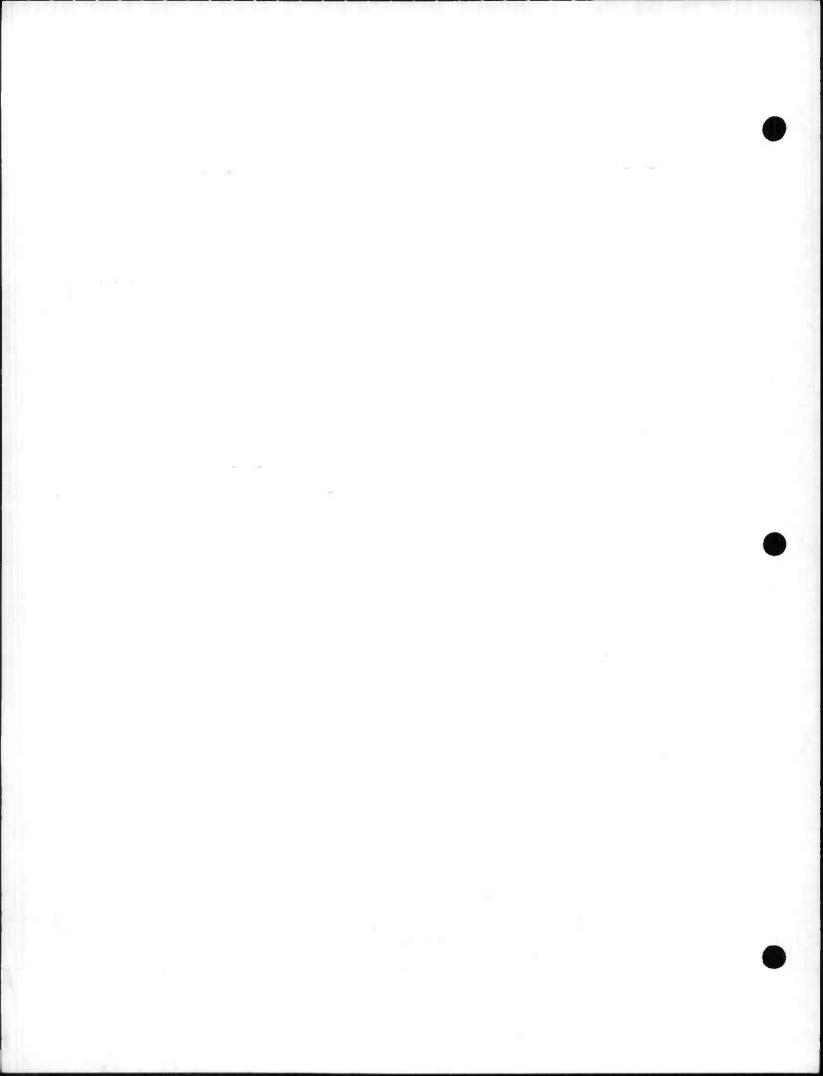
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	Н	3.	TIME OF DEATH			
	EFFIE	Papa PAVLOS				2.3	92	02:40A	M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTS (Month, Day, Ye		2 40	ACE (State or Foreign			
	216-28-1336 9a. FACILITY NAME (If not institution, give a	94 YRS.	ns. 05/01/189 8					GREECE				
R	GREATER BALTIM			TOW	R LOCATION OF DI	EATN	20.14	TY OF DEAT				
DIRECTOR	RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT								DABILLORE		
H	10s. STATE 10s. COUNT	10c. CITY, T	OWN OR LOCAT	ION			10	d. INSIDE CITY LIMITS?				
	MARYLAND BALT 100. STREET AND NUMBER	IMORE CITY	BALTIMORE						YES 2 N	0		
FUNERAL	6055 HARFORD R		101, ZIP CODE			10g. CITIZEN C						
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DEC	21214 ENDENT OF NISPAI	VIC ORIGIN? (Specif		14. RACE —	ACE — American Indian.			
	1 Never Married 2 Married	FORCES? 1 YES		If yes, spi	2 NO Specific	in, Puerto Rican, etc	i)	Black, White, etc. Specify:				
D BY	3 Widowed 4 Divorced							Whi	te			
国	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of work life. Do NOT use n	done during mo	N st of working	16b. KIND O	BUSINESS/INDU	ISTRY				
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemake:			04	n Home					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		nomemare.	_	18. MOTHER'S NA	ME (First, Middle, Mi				-		
BE C	Michael	Cane	les		Angel			stop	olos			
6 6	10a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural	Route Number, City o	r Town, State, Zip (Code)				
F	Mr. Charles Pavlo	S	7 W. L	ake Ave	.,Baltin	more, Md.	21210					
	20s. METHOD OF DISPOSITION 1X Burlet 2 Cremation 3 Rem	actival from State 20b	PLACE AND DATE OF D	DISPOSITION (Na	me of	DATE 20	LOCATION — C	N - City or Town, State .more, Maryland				
	21. SIGNARISE OF FUNERAL RESINSON LIC		eek Ortho		etery 10		Baltimor	ce, M	aryland			
- 1	Enthal	A STATE OF THE PARTY OF THE PAR				ineral Ho	ome, Ind	·				
_	The state of the s	it III		1050 Y	ork Rd.	Towson	Md. 21	214				
	23. PART I. Enfar the diseases, or a shock, or heert failure.	complications that caused List only one cause on e	I the deeth. Do not ach line.	enter the mo	de of dying, suc	h as cardiac or i	eapiratory arre	st,	Approximate			
1	iMMEDIATE CAUSE (Finel disease or condition								Onset and D	leath		
	resulting in death)		EMIC BOWEI						3 days)		
۱ ـ	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								yan			
<u>ই</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	c										
비	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):									
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¥.	PART II. Other significant condition	na contributing to death b	ut not resulting in t	the underlying	cause given in		S AN AUTOPSY REORMED?		ERE AUTOPSY FIND AILABLE PRIOR TO			
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MEDIC						_		1 (YES 2 NO			
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 NO.	HOSPITAL:		THER:	ACE OF DEATH (Ch					-		
£∥	27. MANNER OF DEATN	1 Inpetient 2 ER/Outp	28b. TIME O			6 Other (Specify, 28d. DESCRIBE N		IDED				
	1 Return 5 Pending Investigation	(Month, Day, Year)	INJUR	Y WO	RK? ES 2 NO	270. 5240.1102.11		71120				
2 Accident investigation								e Number,	-			
TED	4 Homicide determined City or Town, State)											
COMPLE		ICIAN: To the best of my knowl										
Š	2 MEDICAL EXAMINE	R: On the basis of examination	n and/or Investigation, I	n my opinion, d	eath occured at the	time, date and place	e, end due to the	cause(s) ar	nd manner sa state	ed.		
29b. LICENSE NUMBER 29d. DATE SIGNED (Marith, Day,												
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATN (ITEM 27) (Tone Del	p()	D-12	7) 0	/	0/13	112			
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	31. DATE FILED AMONIS DON YOU 992	of segistian's eight	ATT Conde									



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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REGISTRAR										
8		and Ruff				2. DATE OF DEATH MONTH OCT 2	BAY 198	3. TIME OF DEATH			
	273 10 3044	1 1 M 2 □ F 7	✓ M 2 □ F 79 YRS. MONTHS DAYS HOURS			(Manth, Day, Year) Country) 10=013-01913 Maruland					
TOR	9a. FACILITY NAME (if not institution, give street PENINSULA REGIONA RESIDENCE OF DECEDENT	OMICO									
DIRECTOR	10a. STATE 10b. COUNTY Maryland	Baltimore	Baltimore 10c. CITY, TOWN OR			ılk	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 3902 Glenhurst	Road	Road 101. zii			21222	S.A.				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES				NC ORIGIN? (Specify) n, Puerto Rican, etc.)	fes or No- 14	14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use I MECHO	k done during most retired.)	of working		usiness/indus	TRY			
	12th Grade 17. FATHER'S NAME (First, MICOIR, Last) Washington Ruff		- MCCIW			ME (First, Middle, Maide (Not Knot	on Surname)	71			
TO BE	190, INFORMANT'S NAME (Type/Print) Mrs. Karen Miski	mon				Poure Number, City or R Dundalk,					
	20a, METHOD OF DISPOSITION 1 Aburtal 2 Cremention 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of congress), premature of congress), premature of congress, prematur										
	* Gregon &	E. Der		7922 (1)	iso Aug	Dundalb	Marie	idalk, Inc.			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) S. ARTERIO Science On: Due to long as a consequence on:										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significent conditions	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLAC	E OF DEATH (Ch	ack only one)					
17SI		1 Inpatient 2 K ER/Outp. 26s. DATE DF INJURY		☐ Nursing Home		6 Other (Specify)					
BY Pi	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WORK	2 ND	28d. DESCRIBE HOW	INJURY OCCUR	ED			
	2 Accident Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
COMPLETE		IAN: To the bast of my knowl : On the basia of axamination						suse(s) and manner as stated.			
TO BE C	296 SIGNATURE AND TITLE DE CERTIFIER HUMAS C Hell S	290. SIGNATURE AND TITLE OF CERTIFIER Shomas C Hell 5. Depthy Medical Examiner i) 08008 >10-									
	THOMAS C. HILLJ	R. 108 Pine	BloFF	RJ, Sa	lisbur	ey, Md	21801				
	31. DATE FILED (Month, Day, Year) 000 2 8 1992	32 REGISTRAR'S SIGN	Alfridale.			7					



use as the burial-transit permit. Pages 1, 2, 3 should

detached for

page 5 should

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R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 ma	ADRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, is mure after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY DECEDENT'S NAME (First, Middle, Last) 10- 23-1992 Lillian E. Rollins 18:40 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 1-1-1901 91 HOURS 1 M 2 XX YRS 578-36-2536 Virginia Sa. FACILITY NAME (If not institution, give street and number) 9h. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel Med. Center DIRECTOR Annapolis Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Anne Arundel 1 YES 2 NO Annapolis FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7 Monroe Rd. 21402 S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Coben, Mexican, Po 1 YES 2 NO Specify: 1 Nover Married 2 Marri BY Specify: 3 Vidowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Unknown Music Therapist Instructional once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George notified at McGoines Betty 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Helen Lee 1149 Locust Tree Dr., Annapolis, Md. 2 20e. METHOD OF DISPOSITION
1

Burial 2

Cremation 3
Ren 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must t Crematory 10- 16-92 Balto., Mg.
22. NAME AND ADDRESS OF FACILITY
32. Bradley-Ashton Funeral Home, Inc.
2134 WIllow Spring Rd., DUndalk, Md. 10-26-92 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE EDISON Mount examiner alson! M. Perkins Keckens D00083 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line Intarvai Between 0 IMMEDIATE CAUSE (Final Onset and Death npietely filled cremation, (23 shows any injury, or other traumatic event, the disease or condition resulting in death) aux. ac DUE TO (OR AS A CONSEQUENCE OF the attending physician and com Mental Hygiene prior to burial, MEDICAL CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO 06 COMPLETION OF CAUSE 1 YES 2 NO rox 1 YES 2 NO 6 BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES TO NO 1 | Inpetient 2 | ER/Outpetient 3 DOA e 5 - Residence 6 - Other (Specify) 28 is marked, or 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED with w Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide TO THE HEAVE DR ATT
TO THE THE THEFT
DE THE THEFT THEFT SHEET
IMPORTANT: If Item 2 29a, CERTIFIER CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as steted. 2 MEDICAL EXAMINER: On the basis of examin

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

red at the time, date and place, and due

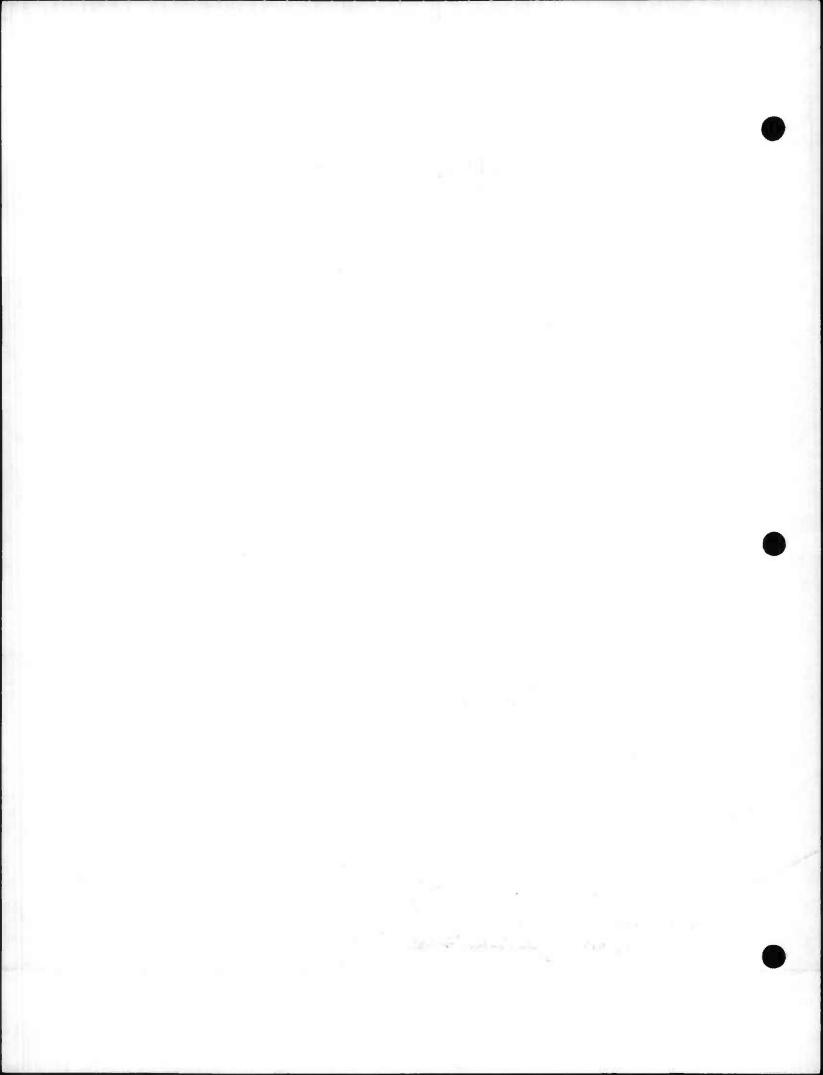
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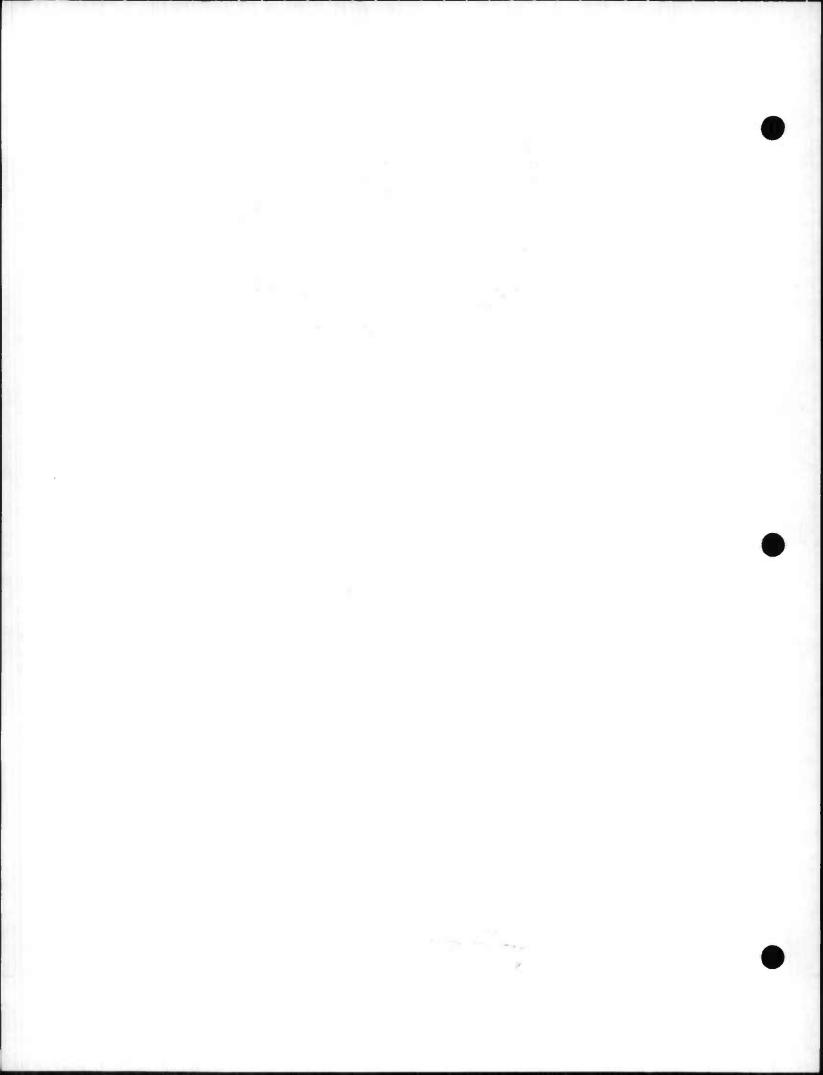
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200. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, 1987)
OCT 28 1992



		REGISTRAR		CERT	IFICATE C	OF DEATH	RE	G. NO.		
		1. DECEDENT'S NAME (First, Middle, Lest) NOODYOW	She	1-1000			2. DATE OF DI	DAY	GYEAR D	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birtho	ay) IF UNDER t YE	AR IF UNDER 24 HRS.	7. DATE OF IN	BTH		LACE (State or Foreign
		219-01-8518	tX M 2 □ F	73 YR	MONTHS DA		(Month, Day,	Year)	Country)	
3 should		9a. FACILITY NAME (If not institution, give st	reet and number)	13	9b. CITY, TO	WN OR LOCATION OF D	Feb 1		SOUT NTY OF DE	h Carolina
	<u>ج</u>	University Ho	cnital		,	Baltimore		1		
1. 2,	៩	RESIDENCE OF DECEDENT					3			
sage.	DIRECTOR	10a. STATE 10b. COUNTY		10c.	CITY, TOWN OR L	DCATION				10d. INSIDE CITY LIMITS?
permit. Pages		Maryland 100. STREET AND NUMBER			Baltimo					YES 2 NO
	FUNERAL	James Berger, Carlotte Strategy				101. ZIP CODE		10g. CIT	IZEN OF WI	IAT COUNTRY?
020 physician. burlal-transit	N.	1843 West Lexi	ngton Stre	eet	-	2122:			USA	
020 physician burial-tra		1 Never Married 2 Married	FORCES? 1 YE	S 2 NO	If yes	DECENDENT OF HISPA I, specify Cuban, Mexic	an, Puerto Rican,	etc.)	14. RACE - Black,	- American Indian, White, etc.
-00 Be Be	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	10	YES 2 NO Speci	lly:		Specify	Black
1215-0 r attending use as the	8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDEN	T'S USUAL OCCUP	PATION	16b. KIND	OF BUSINESS/INC	DUSTRY	DIGCK
21 21 20 20 20 20 20 20 20 20 20 20 20 20 20	ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NO	of work done during T use retired.)	most of working				
AND the hospital detached for	COMPL	12th Grade			Enginee	er	Bet	hlehem	Stee	el Corp.
the hos detach	8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle,	Maiden Surname)		
Sed by sed by and be sed by	띪	_Roland Shelton	n				e Gladi			
MARYLAND 21215-0020 retained by the hospital or attending physic should be detached for use as the burial notified at once.	2	19a. INFORMANT'S NAME (Type/Print)				net end Number or Rural				
ay be		Dorothy M. S.				xington		Balto,		21223
BALTIMORE, er death. Page 6 may be the funeral director, page val.		1 🗵 Burial 2 🗆 Cremation 3 🗆 Remo	oval from State C	emetery, crematory	or other place)		1	20c. LOCATION —		
ALTIMOR leath. Page 6 mi funeral director, xaminer must	1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Loudon		Cemetery	MUV 3 U	Balti	more	Maryland
ALTIN death. Pag t funeral dir f. examiner		1 10	1		250	1 Gwynns	Falls	ter Fun Barkv	eral Vav	Homes Inc
BA rs after de n by the f removal.	\vdash	Cam to	Baltimore, Maryland 21216							
nours after d in by th or remove		23. PART in Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.								
y filled trion, o		IMMEDIATE CAUSE (Final disease or condition		,	/		4			Onset and Death
E 45 10		resulting in death)	CON	CONSEQUENC	peo	x yai	luce			7 Horas
2 2 2 2 6	_	_	DOE IN TON AS	1 1.L	E OF):	Δ.	-1-1	Dan		
OX 687(be executed sician and conficient to burial, traumatic or trau	RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	E OF):	y fai	20 15 UBV	Tremo	5 M	
	CAT	cause. Enter UNDERLYING								
O. E ertifical ing phy giene other	画	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):								
O T DE S	CER	resulting in death) LAST	ı							
		PART II. Other significant conditions	s contributing to death	but not resulting	ng in the under	ving cause given in	Part I. 24a.	WAS AN AUTOPSY	24h V	WERE AUTOPSY FINDINGS
	EDICAL	Dich Cal	na apolla				1	PERFORMED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE
10 E E		- Prints	o gop-1-9				¹□	YES 2 NO		OF DEATH?
St. of a	W								'	YES 2 NO
AL F he law r has be c Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			20	B. PLACE OF DEATH (C)	heck only one)			
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate his s after death with the State C 128 Is marked, or flem.	Sic	EXAMINER?	HOSPITAL:	rtpatient 3 🗆 DO	OTHER:	Home 5 Residence	6 Other (Sne	sific)		
OF V PHYSICIAL this certif with the ted, or	РНУ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b.		INJURY AT WORK?	T	HOW INJURY OC	CURED	
ON OF DING PHYSI After this c death with	ВУ	1 Natural 5 Pending 2 Accident Investigation	10/25/9	2		YES 2 NO				
DIVISION OR ATTENDING I URECTOR: After hours after death Item 28 Is mail		3 Suicide 6 Could not be	28e. PLACE OF INJUF building, etc. (So	RY — At home, far	m, street, factory,	office	28f. LOCATION City or Town	(Street and Number	or Rural Ro	ute Number,
VISI ATTEN ECTOR: ns after n 28 I	ETE	4 Homicide determined						, 51616)		
LOR A CUREC 2 hours	P		CIAN: To the best of my kno	wiedge, death occ	curred at the time,	date end place, and du	to the cause(e)	and manner se stat	led.	
NE HI	COMPLET		R: On the basis of examinat							and manner as stated.
HTA W	ш	296. SIGNATURE AND TITLE OF CERTIFIER	A	_		29c. LICENSE NU	MBER	29d. DAT	E SIGNED (Month, Day, Year)
TO THE PERFORMANT TO THE PERFORMANT TO THE PERFORMANT.	0	Kelly	ende M	W				•	10/2	x92
	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	PEATH (ITEM 27)	ype, Print)				12,12	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NOTINE BR						
		UCT 28 1992 a		•						150



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DIVISION OF VITAL RECORDS, I	
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR IAR MBS OCT. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Dev. Year 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 🗆 M 2 📉 F YRS. 0 8 MARY THE HOSPITA DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 2 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. Sa. FACILITY NAME (If not in 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR DUSSON ALTIMOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND M Timores nzwo 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8464 31304 24 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Ma IF YES, GIVE WAR OR DATES 1 YES ZE NO Specify BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ntary/Secondary (0-12) College (1-4 or 5+) SYRS -Hom 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at 0 ARAH BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and per or Rural Route Number, City or Town, State, Zio Code, 9 9 20a. METHOD OF DISPOSITION

Surial 2 □ Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 3 □ PARKI 92 4 Donation 5 Other (Specify) ARYLAND examiner 21. SIGNATURE OF FUNERAL SEPRICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EVANS CHAPLOF ORIES -PARK H0088 ARFO medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): or other traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? shows any 1 YES AND NO OF DEATH? 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Rem OTHER: 1 YES ZE NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 🗆 Num 5 5 Residence 6 - Other (Specify) 6 27. MANNER DF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Is marked, Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be BE COMPLETED 4 Homicide MPORTANT: If Item 28 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On tife red at the time, date and place, and due to the cause(s) and manner as stated 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, un रेवर PPS 2

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

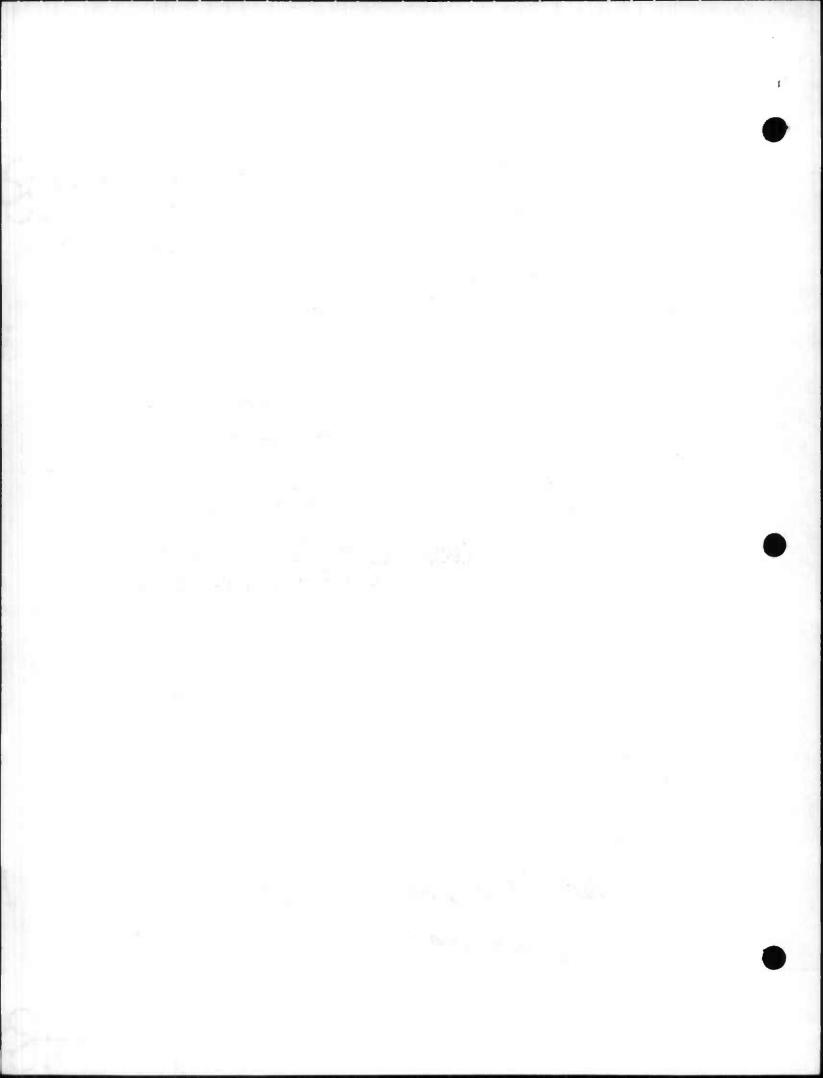
PPS

30. NAME AND ADDRESS OF PERSON

OCT 2 8 1992 28

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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E E	THE PROPERTY. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by the funeral director, page 5 should be detached by the funeral director, page 5 should be detached by the funeral director, page 5 should be detached by the funeral director, page 5 should be detached by the funeral director, page 5 should be detached by the funeral director.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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0CT 28 1992

1. DECEDENT'S NAME (First, Middle, Last)	(PAULINE	SINA	SWAR				2. DATE OF MONTH	REG. NO.	190	3. 1	TIME OF DEATH	
	5. SEX 6. AGE (In yrs	s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, I	BIRTH Day, Year) /4/192	0/1	BIRTHPLA Country) MASS	CE (State or Foreign ACHUSETTS	
90. FACILITY NAME (If not institution, give stra 3409 OLD COURT R	et and number)				NORE	ON OF DE		74/19		rimor rimor		
RESIDENCE OF DECEDENT 10a. STATE MARYLAND BALT	IMORE		y, town of								I. INSIDE CITY LIMITS? YES 2 XNO	
10e. STREET AND NUMBER 3409 OLD COURT R	D.		101. ZIP CODE 21208					USA	N OF WHAT	COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	S 2 NO If yes, specify Cuban, Maxica 1 YES 2 NO Specify				n, Maxica	n, Puerto Ric		or No—		ACE — American Indian, lack, White, etc.	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) MERCHANT 16b. KINO OF BUSINESS/INDUSTRY (RETAIL								STRY			
17. FATHER'S NAME (First, Middle, Lest) WILBUR ANN	IS				18. MOT	LIL LIL	ME (First, Mic	ddle, Malden	SUMATH:	ISON		
190. INFORMANT'S NAME (Type/Print) MRS. BARBARA LICH	TENFELD	19b. MAILING							MD 2			
20a_METHOD OF DISPOSITION 1 ABurial 2 Cremation 3 Remov 4 Denation 5 Other (Decoly) 21. SIGNATURE OF PRETAL SERVICE-		ACE AND DATE elary, crematory HAR SI	e of dispo or other pi NAI	osition lace)	(Name .0/23	/92	DATE	20c. LO	INGS	ty or Town,		
In signature of Pure Nat. Service Get	Samura			SOL		NSON	LE BR		INC. BALTO	., ME	21215	
IMMEDIATE CAUSE (Final	ATHER SOLUTION OF AS A CO	iina.			142				-		Approximate interval Between Onset and Deat	
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PART II. Other algnificent conditions	contributing to deeth but of	not resulting	in the un	derlyin	g cause	given in		24s. WAS AN PERFOR	MED?	AW	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE	
							_	1 🗌 YES 2	Aho	100	YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie	nt 3 🗆 DOA	OTHER	3:	V	,	8 Other					
	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	ME OF JURY		ORK?	NO	28d. DEŞCRIBE HOW INJURY OC		NJURY OCCL	JRED	URED	
27. MANNER OF OEATH 1. Netural 5 Pending 2 Accident Investigation			M 1 YES 2 NO arm, street, factory, office 28I. LOCATION (Street and Number or Rural Floute Number City or Town, State)									

2/2/5



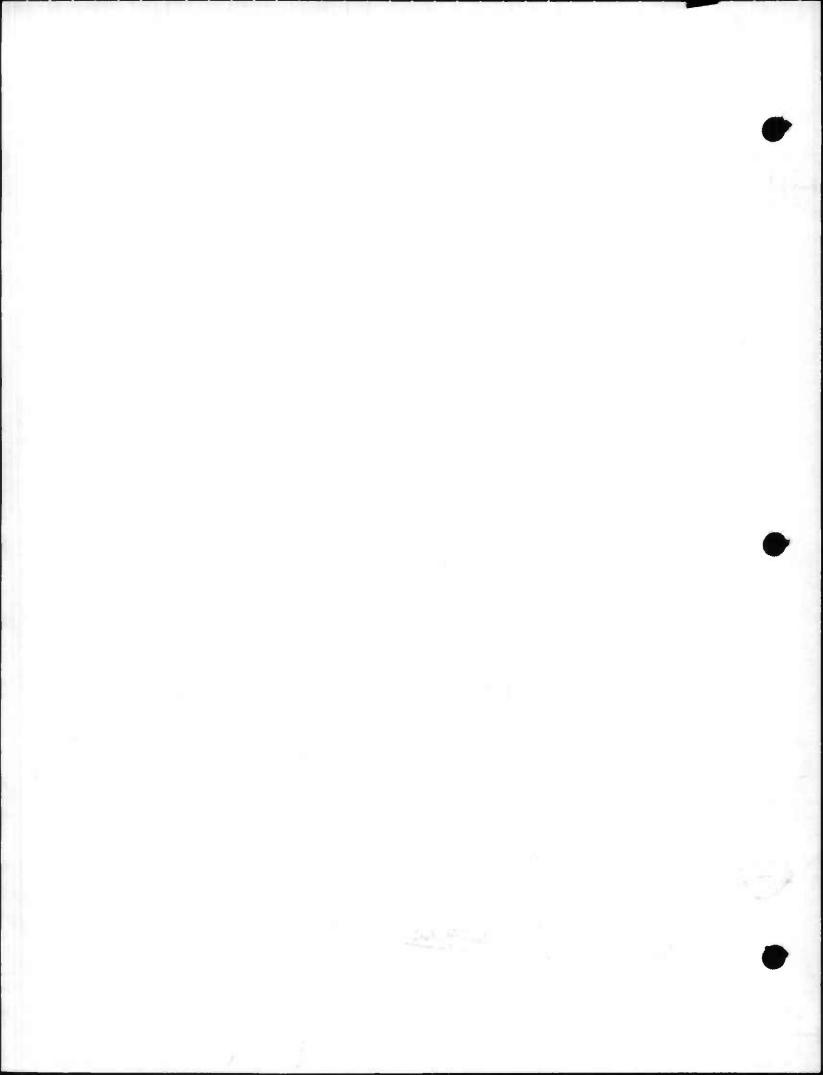
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THE POTATION OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO SE HUGGAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended after the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFICA			MENTAL HYGIENI REG. NO.	E			
100	1. DECEDENT'S NAME (First, Micdie, Last)	EVA	SOLOMO	N		2. DATE OF DEATH DA OCT . 23	VEA	3. THE OF DEATH		
10	4. SOCIAL SECURITY NUMBER 212-44-1327	1 □ M 2 □XTX {	32 YRS. MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.		Co	RTHPLACE (State or Foreign untry) MARYLAND		
TOR	9a. FACILITY NAME (If not institution, give str 7 SLADE AVE, AI RESIDENCE OF DECEDENT		96.		R LOCATION OF DEA	ATH	9c. COUNTY O	BALTIMORE		
DIRECTOR	10a. STATE 10b. COUNTY	BALTIMORE	10c. CITY, TO	WN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	7 SLADE AVE, A	T. 707		101	ZIP CODE 21208		10g. CITIZEN O USA	F WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 X Midowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 100	If yes, spe		C ORIGIN? (Specify Yes , Puerto Rican, etc.)	8	ACE — American Indian, leck, White, etc. Decity: WHITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during mo:	it of working	AT HOM		,		
	17. FATHER'S NAME (First, Middle, Last) ABRAHAM SCHAPIRO					E (First, Middle, Maiden : HEN				
TO BE	190. INFORMANT'S NAME (Pype/Print) MR LOUIS SOLOMON		196. MAILING A00	RESS (Street & IVY L	ANE B	ALTO., MD	21208			
	20e. METHOD OF DISPOSITION 1	val from State ceme	PLACE AND DATE OF DIS etery, crematory or other of CHIZU	K AMUN	0 :	10-25-92 B				
	21. SIGNATURE OF FURIERAL SERVICE LICE	LE LEU	enson			& BROS.,I STOWN RD.		MD 21215		
	23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused lat only one ceuse on ea	ich line.	nter the mo		as cardiac or respin	ratory arrest,	Approximata interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL		ART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES NO								
CIAN		HOSPITAL:	от	26. PL	ACE OF DEATH (Che	ok only one)				
PHYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Output 26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Home 28c. INJ WO	JRY AT	Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCUREO			
ED BY	2 Abcident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, ferm, street	M 1 7		26f. LOCATION (Street e. City or Town, State)	end Number or Rurel Route Number,)			
JMPLE		IAN: To the best of my knowle						ne(s) and manner as stated.		
BE CO	29b. SIGNATURE (NO TITLE OF CONTIFIER	M	n		29c. LICENSE NUMI			ED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OEA	ATH (ITEM 27) (Type, Print	Wer	20	BAT M	V 3D	100		
	31. DATE FILED (Month, Day, Year) OCT 28 1992	1 1832 PERSONAL PROPERTY OF	HOME S		-		- (V)			



DIVISION OF VITAL RECORD P.O. BOX 68760,

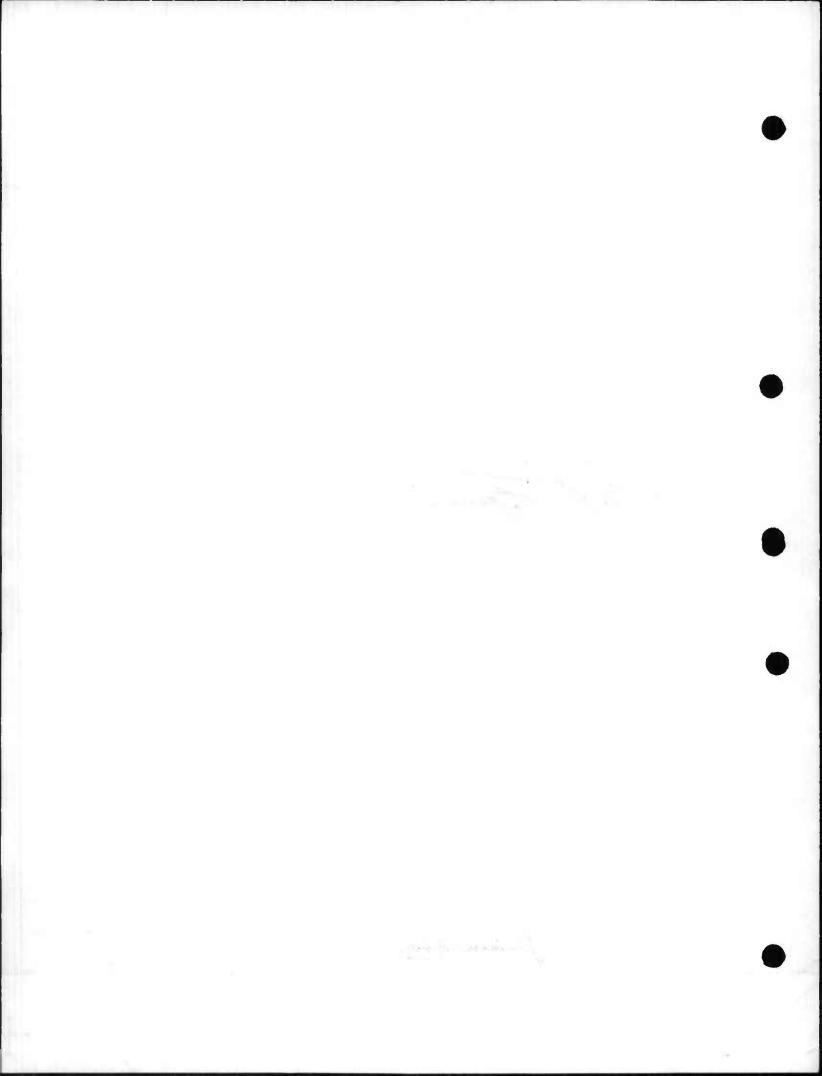
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (MOVITI, Day, 1841)

OCT 2 8 1992

BALTIMORE, MARY ND 21215-0020	NSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hypiene prior to burial, oremation, or removal.	edical examiner must be notified at once
DIVISION OF VITAL RECORD P.O. BOX 68760,	TO THE HOLE THE OR SITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	TO THE FUNCTION ACTION: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury or other traumatic event, the medical examiner must be notified at once

	REGISTRAR	STATE OF MARYL	CERTIFI			MENTAL HYGIEN REG. NO	9	2	29989
	1. DECEDENT'S NAME (First, Middle, Last) AR	LENE SHOUB	ENIGO	. /		2. DATE OF DEATH MONTH D	AY Y	YEAR 3.	TIME OF DEATH
	ARLENE 4. SOCIAL SECURITY NUMBER 5.	SEX 6 AGE	HOS/	<u> </u>				72	7.55 A
П	The second of th	M 2 X F	In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	NCE (State or Foreign
	9a. FACILITY NAME (If not institution, give street		27	SP CITY TOWN	OR LOCATION OF DE	OCT. 14,	1937		YLAND
Ę	UNIVERSITY HOSP	,				2411	SC. COOM?	T OF DEAL	
Ś	RESIDENCE OF DECEDENT	TIAL			IMORE				
		LTIMORE	10c. CITY,	BALTIM				10	d. INSIDE CITY LIMITS?
- CHENCE	100. STREET AND NUMBER 501. OLD CROSS	ING DRIVE		10	21208		USA		T COUNTRY?
5	11. MARITAL STATUS 12. 1 Never Married 2 X Married 2 Midowed 4 Divorced	. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 4NO	If yes, or		IIC ORIGIN? (Specify Venn, Puerto Rican, etc.)	s or No 14	4. RACE — Black, W Specify:	American Indian, hite, etc. WHITE
	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12)		life. Do NOT use	ork done during ma retired.)	ON set of working	16b. KIND OF BU	SINESS/INDUS	STRY	-
	17. FATHER'S NAME (First, Middle, Last)		AR	TIST		ART			
	PHILIP BECK	ER_			COLUMN TO SERVICE	ME (First, Middle, Melden ON HONIGSB			
	190. INFORMANT'S NAME (Type/Print) MR ZVI SHOUBIN		196. MAILING / 501	OLD CR	ond Number or Rural I OSSING DI	R BALTO., M	n, Store, Zip C. D 2120	⁰⁰⁰⁾	
	20a. METHOD OF DISPOSITION	tenes State 20b	PLACE AND DATE OF		ame of	DATE 20c. LO	CATION — CR	y or Town,	State
j	1 M Murial 2 Cremation 3 Removal 4 Donation 5 Other pocity)		etery, cremetory or oth LTIMORE	HEBREW		10-26-92	REIST	ERST	OWN, MD
ľ	21. SIGNATURE OF EMPERAL SERVICE MESONS				ND ADDRESS OF FA	ON & BROS.			
J	1/1/2/1	Den				ON & BROS. ERSTOWN RD			D 21215
	23 PART I. Enter the disease of compshock, or heart failure. Lier	only one cause on e	ich line.	t enter the mo	de of dying, suci	h as cardiac or resp	iratory arres	it,	Approximate interval Between Onset and Death
	disease or condition resulting in death)	Lutra	enebral	flee	1-04	external and	urysu		Shours.
		DUE TO (OR AS A	CONSEQUENCE OF)		/				
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)	:					
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)						
	resulting in death) LAST								
	PERFORMED? AMAIL COM								RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?
The state of the s						_		1[YES 2 NO
1	25. WAS CASE REFERRED TO MEDICAL.				ACE OF DEATH (Che	ock anly one)			
ı	1□ YES 2 X HO	OSPITAL: Inpetient 2 ER/Outp		OTHER:	e 5 🗆 Residence	6 C Other (Specify)			
	27. MANNER OF SEATH	26d. DESCRIBE HOW I	NUMBY OCCUP	MED.—					
	1 Natural 5 Pending Investigation	YES 2 NO							
	3 Suicide 8 Could not be 4 Romicide determined	28s. PRACE OF INJURY building, etc. (Spec	(y) At home, farm, str	eet_lactury, offic	•	28f. LOCATION (Street City or Town, State)	and Number or	Florat Flouis	n Mumber;
	29a. CERTIFIER (Check only one) CERTIFIED PHYSICIAN DESCRIPTION OF PHYSICIAN DESCRIPTION OF PHYSICIAN DESCRIPTION OF PHYSICIAN DESCRIPTION OF PHYSICIAN DESCRIPTION OF PHYSICIAN DESCRIPTION OF PHYSICIAN DESCRIPTION OF PHYSICIAN DESCRIPTION OF PHYSICIAN DESCRIPTION OF PHYSICIAN DESCRIPTION OF PHYSICIAN DESCRIPTION OF PHYSICIAN DESCRIPTION OF PHYSICIAN DESCRIPTION OF PHYSICIAN DESCRIPTION OF PHYSICIAN DESCRIPTION OF PHYSICIAN DESCRIPTION OF PHYSICIAN DESCRIPTIO	: To the best of my knowl							d manner as stated
	296. SIGNATURE AND TOPLE OF CERTIFIER				29c. LICENSE NUN				onth, Pay, Year)
	Kah ny	er run	na Lurgean	•	023281		> /	0/24	192
107	The second livery with the second livery with	Married Co., or other Printers.		-					



FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

•	1 - STATE REGISTRAR	SINIE OF MANTE			F DEATH	MENIAL TIGIEN REG. NO			
,	1. DECEDENT'S NAME (First, Middle, Last)	TIE"	SKLI	R		10 -1	AY 2 - 0	YEAR 3. TIME	OF DEATH
1	4. SOCIAL SECURITY NUMBER 219-12-7682		(In yrs. last birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 3/26/19	011	BIRTHPLACE (S Country) MARYLA	Slate or Foreign
5	90. FACILITY NAME (# not institution, give str BALTIMORE COUNTY		SPTTAL		N OR LOCATION OF DE OALLSTOWN		9c. COUNT	TY OF DEATH TIMORE	
5	RESIDENCE OF DECEDENT							Tour des	
DIRECTOR	MARYLAND 106. COUNTY			y, town or lo ALTIMOF				LIN	SIDE CITY HTS? ES 2 X NO
UNERAL	100. STREET AND NUMBER 7207 VALLEY COUN	NTRY CT., AP	т. т-4		101. ZIP CODE 21208		10g. CITIZ USA	EN OF WHAT COL	UNTRY?
10	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 1 NO	If yes,	ECENOENT OF HISPAR apacify Cuben, Mexica ES 2 XO Specif	s or No—	14. RACE — Amer Black, White, Specify: WHITE	etc.	
COMPLEIED	15. DECEDENT'S EDUC (Specify only highest grade of Elementacy/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u HOUSE	work done during se retired.)		AT HON		STRY	
DE COM	17. FATHER'S NAME (First, Middle, Lest) JOSEPH LEV	IN				ME (First, Middle, Maider PHIE (UN	Sumame) NKNOWN	1)	
2	190. INFORMANT'S NAME (Type/Print) DR. MANFRED SKLAI	R			HEIGHTS A	Acute Number, City or Tov	vn, Stete, Zip (3
	29e. METHOD OF DISPOSITION † Burlel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State	b. PLACE OF DISPO		men 10/2	2/92		RE, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	e der	noor	SOI		& BROS.,)., MD	21215
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory errest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST A CONSEQUENCE OF): CARCINAC DECOMPENSATION OUE TO (OR AS A CONSEQUENCE OF):								In Oi	pproximate terval Batween neet and Daath
		di							
PHYSICIAN: MEDICAL	PART II. Other significent condition	s contributing to desth		In the underly	ring cause given in		RMED?	OF DEA	UTOPSY FINDINGS ILE PRIOR TO ETION OF CAUSE TH? ES 2 NO
A I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF OEATH (C/	heck only one)			
JI ST	1 VES 2 NO 27. MANNER OF GEATH	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY	28b. TI	AE OF 28c.	INJURY AT	8 Other (Specify)	INJURY OCC	URED	
1 1	1 Netural 5 Pending Investigation	(Month, Day, Year)			WORK? YES 2 NO	204 LOCATION /Street	and Alumbar	or Royal Bouts Mon	mhar
									77.5.67,
COMPLEIED	coni	CIAN: To the best of my known in the basis of sxamination							anner se stated.
H H	29b. SIGNATURE AND TITLE OF CERTIFIE	new -	tu 1	17)	D Z 7	MBER / 5 7	29d. DATE	SIGNED (Month,	Day, Year) 2 - 97
2	30. NAME AND ADDRESS OF PERSON WHO RAY NOLD	DEFESTA	BATH (ITEM 27) (Typ	e, Print) BAL	TIMORE	COUNTY	bene	RAL H	HOSTAL
	31. DATE FILED (Month, Day, Year) OCT 28 1992	rula Davidson-A	NATURE OF THE						

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND		HYGIENE REG. NO.	est Euro	(-22)			
	1. DECEDENT'S NAME (First, MICCHO, Last) LAWRENCE STE					2. DATE OF MONTH		19	3. TIME OF DEATH 92 7:35p M			
	4. SOCIAL SECURITY NUMBER 127-09-4408	1XXM 2 □ F 8	(In yrs. lest birthday) YRS.	IF UNDER † YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		ы кти 6-1909	Co	RTHPLACE (State or Foreign unity)			
TOR	9a. FACILITY NAME (If not institution, give a THE JOHNS HOPK) RESIDENCE OF DECEMENT				ORE CITY			LTIM				
FUNERAL DIRECTOR	10a. STATE 10b. COUNT Md	Y		y, TOWN OR LOC				10d, INSIDE CITY LIMITS? 1. Yes 2 \(\text{\text{\text{NO}}} \text{\text{NO}} \)				
ERAL	100. STREET AND NUMBER 315 North Robi	nson St.		1	01. ZIP CODE 21224			10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
B	11. MARITAL STATUS 1 Never Married 2 Married \$\times Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2. ☐ WO IF YES, GIVE WAR OR DATES			CENDENT OF HISPA pocify Cuben, Mexic S 2 NO Speci	an, Puerlo Rica						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) Unknown	JCATION e completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of the Do NOT use Mold I	work done during no retired.)	ION lost of working		of Business	/INDUSTR	Y			
S S	17. FATHER'S NAME (First, Middle, Lest)			ancı	18. MOTHER'S NA			ne)				
BE	Theodore Sterr	<u>a</u>			1		echman					
5	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	209, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION City of Town States											
ŧ	4 Donation 5 Other (Specify) Loudon Park Cemetery 10- 92 Balto., Md.											
									e, Inc. alto.,Md.			
	IMMEDIATE CAUSE (Float	a. Cerebre	ach iine.	ocu lar			,	arrest,	Approximate interval Between Onset and Death			
ATION	Sequentially list conditions, if any, leading to immediate											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST d											
	PART II. Other significant condition Hyrrights iv		ut not resulting i	in the underlyi	ng cause given in		PERFORMED?		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL						_	2		T YES 2 NO			
Sic	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (C)							
H	27, MANNER OF DEATH	1 Inpetient 2 ER/Outp 28e. DATE DF INJURY	28b. TIM	E OF 28c. II	me 5 - Residence		BE HOW INJURY	OCCURED)			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		ORK? YES 2 NO							
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, stc. (Spec	street, factory, off	Ce		N (Street end Nur wn, State)	mber or Rui	al Routs Number,				
COMPLETED		ER: On the basis of examination							se(s) and manner es stated.			
TO BE	296. SIGNATURE AND TITLE DF CERTIFIER	water 1	70		29c. LICENSE NU	MBER 100	29d.	DATE SIGN	1ED (Month, Day, Year)			
	SO, NAME AND ADDRESS OF PERSON WH	- mb	110 To	Print)	5HH							
	DCT 2.8 1992	Julia Davidson-Ra	ature undelle									

nours after death. Page 6 may be retained by the hospital or attending physician. THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24" DIVISION OF VITAL RECORDS, P.O. BOX 68760,

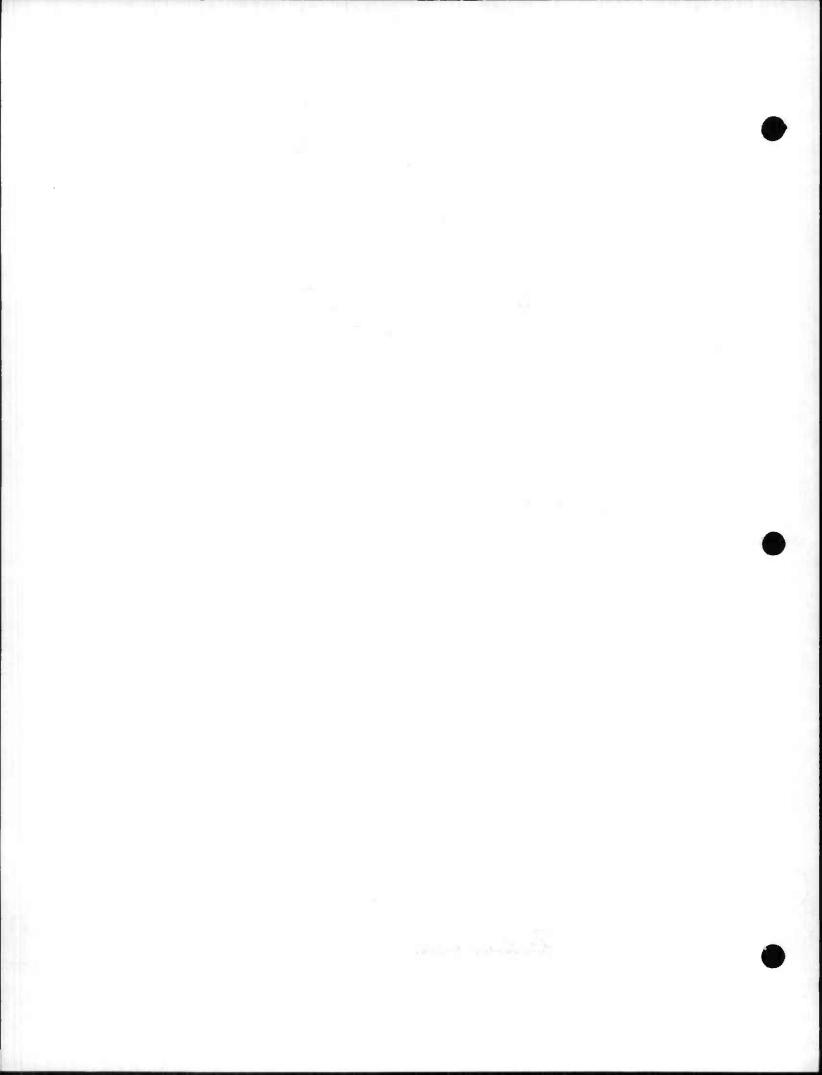
BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

DCT 2.8 1992



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

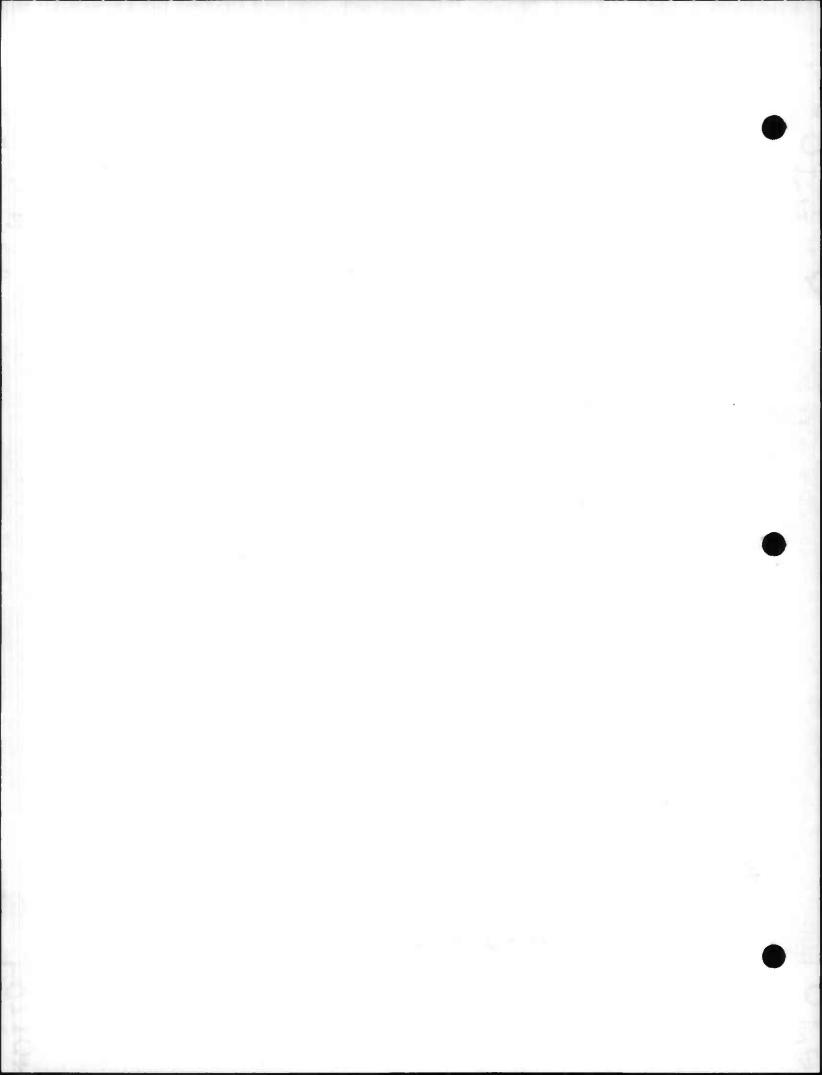
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIE! REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) DENNIS	OWEN	SPI	EDDEN		2. DATE OF DEATH	92	3. TIME OF DEATH 2:40 P
	4. SOCIAL SECURITY NUMBER 213-48-5131	1 💢 M 2 🗆 F 4	"	ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 5-12-194	Cou	THPLACE (State or Foreign nitry) ryland
TOR	9a. FACILITY NAME (If not institution, give to 88 KINSHIP ROA RESIDENCE OF DECEDENT	·			OR LOCATION OF DE		9c. COUNTY OF BALT	IMORE
DIRECTOR	10e. STATE 10b. COUNT		10c. CITY, Dunc	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 TYES Y NO
FUNERAL	88 Kinship Roa	ıd		10	7. ZIP CODE 21222		U.S.	WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO ITES	If yes, or	CENDENT OF HISPAN pecify Cuban, Mexica 3 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	Sp	CE — American Indian, ack, White, etc.
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2	CATION completed) Coffege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor Me. Do NOT use of Pipe F	k done during metired.)		16b KIND OF BU	SINESS/INDUSTRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Owen T. Spedd	len	11001	1001		ME (First, Middle, Maider Honce		<u>.</u>
10	Helen H. Sped	lden				oute Number, City or To. Dundalk		21222
3	20a. METHOD OF DISPOSITION 133 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND DATE OF effect, cremetory or other Lawn	DISPOSITION (N. Cemet	ery l	0-26-92	CATION - City or Balto	Yown, State , Md . 2122
	21. SIGNATURE OF FUNERAL SERVICE LIK	Edison M		22. NAME A	ND ADDRESS OF FA	CILITY		ome, Inc.
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	cohol	ism			
MEDICAL	PART II. Other significant condition	s contributing to death be	it not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AI PERFO	RMED?	Ab. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 120°YES 2 □ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 7 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Veer)		OTHER: Nursing Hon OF 28c. IN.	LACE OF OEATH (Che 5 X) Residence JURY AT DRK?		INJURY OCCUREO	
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, stre		YES 2 NO	281. LOCATION (Street City or Town, State		I Route Number,
COMPLE		CIAN: To the best of my knowledge.						r(s) and manner as stated.
TO BE	BANE AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	int)	O.C.M			ED (Month, Day, Year)
	31. DATE FILEO (Month, Day, Year)	5 MD 11	1 Penn		t, Balt:	imore, M	aryland	21201
	OCT 28 1992 U	ine Davidson-Par	ALE .					DHMH-16 Rev

Mary marketing

BALTIMORE, MARYLAND 21215-0020

URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have detached for use as the burial-transit permit. Pages 1, 2, 3 should have death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death, Page 6 may be retained by the hospital or attending physician.

500		~ P P P P P P P P P P P P P P P P P P P				КП	Ь		92	2999	3
1 - STATE REGISTRAR	STATE OF N			TMENT OF ICATE O			MENTAL HYGIE REG. N				
1. DECEDENT'S NAME (First, Middle, Li	nst)					-	2. DATE OF DEATH			3. TIME OF DEATH	_
ALICE	EVELYN		S	INCLA	IR			I 19	great	7:30	P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	nst birthday)	IF UNDER 1 YEAR	R IF UNDE	R 24 HRS.	7. DATE OF BIRTH			IPLACE (State or Fore	
218-46-3663	1 🗆 M 2 💢 F	41	YRS.	MONTHS DAYS	HOUNS	MIN.	NOV 1,1	1950	Count	ilto. Md.	
9n. FACILITY NAME (If not institution, g	ve street and number)			96. CITY, TOW	N OR LOCAT	ION OF DE			INTY OF E		
3905 SALE	M CHURCH	ROAD		Jarret	tsvil	le			ARFO		
RESIDENCE OF DECEDENT											
Md.	Harfor	d	10c, CITY	r, TOWN OR LO		,				10d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER	TIGITUT	<u>u</u>					ttsville			1 VES 2 X N	Ю
	2 Nelson M	:11 pd		- 1	10f. ZIP COO		0.4			WHAT COUNTRY?	
11. MARITAL STATUS						210		U			
1 Never Married 2 Married		YES 2	NO HMED	If yes,	specify, Cubi	en, Mexica	IIC ORIGIN? (Specify 'n, Puerto Rican, etc.)	Yes or No-	14. RACI	E — American Indian k, White, etc.	i,
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆 Y	ES 2 NO	Specify	C		Spec	White	
15. DECEDENT'S	DUCATION	16a. D	ECEDENT'S	USUAL OCCUPA	TION		16b, KIND OF E	USINESS/IN	•	****	_
(Specify only highest g Elementary/Secondary (0-12)	rade completed) College (1-4 or 5 -	(A)	Give kind of w le. Do NOT us	vork done during e retired.)	most of worki	ing		ford			
12 yrs.			od Sei	rvice T	echni	cian	Board			ion	
17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Maid		UL-AI		
	James (Clayton				Fv	elvn Sm	ith			
19a. INFORMANT'S NAME (Type/Print)			9b. MAILING	ADDRESS (Street	et and Numbe		Route Number, City or 1		p Code)		
Mrs. Janet Site	es		1806	Harfor	d Rd.	Fal	lston. Md	21	Ω47_		
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 F	amount from Chat-		AND DATE O	F DISPOSITION				LOCATION -		own, State	
4 Donation 5 Other (Specify)	NAME OF THE PARTY	High	rematory or ot VIEW N	_{her place)} Memoria	1 Gar	dens	10-16-19	92	F211	stop Md	
21. SIGNATURE OF FUNERAL SERVICE				22. NAME	AND ADDRE	SS OF FA				uneral Ho	
D. F. Jas	sahm			117	50 Re	lair	Rd. King	evill	e Md	• 21087	лпе
23. PART i. Enter the diseases,	or complications the	t caused the d	leath. Do n							Approximat	
shock, or heart fallu	re. List only one cau	se on each lin	10.			1119, 220		phacory ar	Toot,	interval Bet	tween
iMMEDIATE CAUSE (Final disease or condition	CARR	all ma	Decelo	PE 11	MA	CATI	201			Onset and	Death
resulting in death)	a. OUE TO	OR AS A CONSI			V JUM	CALLI	UIV				
	-	(,.						İ	
Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	EDUENCE OF	7):						-	_
cause. Enter UNDERLYING CAUSE (Disease or injury	e.									. !	
that initiated events	DUE TO	(DR AS A CONSE	EDUENCE OF):							
resulting in death) LAST	d										
PART ii. Other aignificant condi	iona contributing to	death but not	resulting is	n the underly	ing cause	alven in	Part i 240 was	N AITTOREV	245	WERE AUTOPSY FIN	00.00
				the dilucity	mg cadae	Secon m	PERF	ORMED?	240	AMAILABLE PRIOR TO COMPLETION OF CA	0
							1)X YES	2 NO		OF DEATH?	USE
							-			YES 2 NO)
25. WAS CASE REFERRED TO MEDICAL											
EXAMINER?	HOSPITAL:	281-21-5-5-5		OTHER:	PLACE OF E			-			
1 VES 2 ND	1 Inpetient 2 I					esidence	8 Other (Specify) 28d. DESCRIBE HOY	-At	ITO-		
1 Natural 5 Pending	(Month, D	ny, Yoar)	28b. TIME INJU	URY	NJURY AT	٦ ا				SUBJECT	
2 Accident Investigation		1-1992			4	€ NO	INHALE			XHAUST	FU
3 Suicide 6 Could not 4 Nomicide determined	bullding,	FINJURY — At h etc. (Specify)		treet, factory, of	fice		281. LOCATION (Street City or Town, Sta	to)			
29e. CERTIFIER		LIC ST						ALEM		RCH ROA	D
(Check only	YSICIAN: To the best of										
2 MEDICAL EXAM	INER: On the tracis of ex	camination and/or	investigation	n, In my opinion	, death occu	red at the	time, date and place,	end due to ti	he cause(e	e) and menner ee sta	ted.
296 SIGNATURE AND TITLE OF CONTE	TO I					ENSE NUM				(Month, Day, Year)	
LIM TO FA	WHI!	4).C.	M.E.	▶10)-22	-1992	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	E OF DEATH (ITI	EM 27) (Туре,	Print)							_
MARIO + GOL	VE, JK, N	W 111	Pen	n Str	eet.	Ra l	timore.	Mars	7]an	d 2120	1
31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	2			Dal	L THIOT C.	PIGT.	ani	4 6160	
OCT 2 8 1992	gicha Davids	an-Marian									



ALL DRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 muns after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

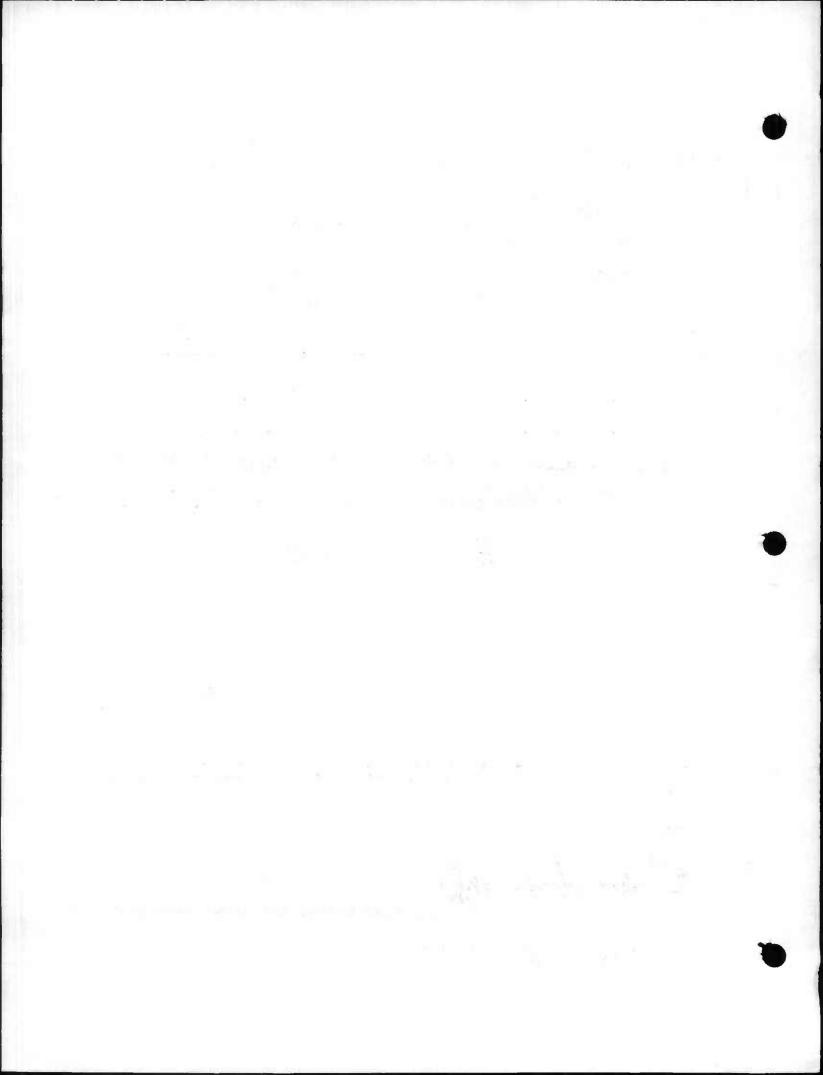
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	-	STATE REGISTRAR	
,	i. D	ECEDENT'S NAME /	F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				ICATE (REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)						2	. DATE OF DEATH			3. TIME OF DEA	ГН
	JOHN	EDWARD		S	SIMMS			TO 1	7	YEAT 2	7:39	PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1 YE	AR IF UNDER 24 H	RS. 7	. DATE OF BIRTH		a. BIRTH	IPLACE (State or F	oreion
0	212-96-3319	1)∑XM 2 □ F	27	YRS.	MONTHS DA	YS HOURS M	N. ((Month, Day, Year) 18-06-65		Count	ryland	
	A. FARM SEV MANAGE ALL THE SECOND SEC											
Œ	SUBURBAN HOSPITAL BETHESDA MONTGOMERY											
DIRECTOR	RESIDENCE OF DECEDENT											
12	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d. INSIDE CIT	1	
=	Maryland Mont	gomery		Bur	rtonsv	11e					1 YES 2	NO
AL AL	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CI1	TIZEN OF Y	WHAT COUNTRY?	
I Nover Married 2 Married FORCES? 1 LIVES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)								USF	A.			
							E — American Ind	an,				
Whit								White				
E	15. DECEDENT'S EDU (Specify only highest grade	(CATION completed)	16a, DE0	CEDENT'S	USUAL OCCU	PATION g most of working		16b. KIND OF BU	SINESS/IN	DUSTRY		
E	Elementary/Secondary (0-12)	College (1-4 or 5 +)					1				
M M	12	4	App	rent	tice Me	echanic		Elevat	or			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							(First, Middle, Maiden				
BE	Edward B. Simms,	Jr.						J. Pagari				
0	19a, INFORMANT'S NAME (Type/Print)							te Number, City or Tox				
-	Edward B. Simms,		13	3401	Finsb	iry Court	·, #	4, Laure	1, MI	D 20	0708	
	20s. METHOD OF DISPOSITION 1 Burial 2 A Cremation 3 Rem	noval from State	20b. PLACEA	NODATE	OF DISPOSITIO	N (Name of		DATE 20c. LO	CATION —	City or To	wn, Stale	
	4 Donation 5 Other (Specify)		Baltin	nore-	-Washi	igton Cre	ema t	ory Lau	rel,	Mary	/land	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	//		22. NAN	E AND ADDRESS O	F FACIL	ΠY				
-	Fleck Funeral Home, Inc.											
	7601 Sandy Spring Rd., Laurel, MD 20707 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	shock, or heart failure. List only one cause on each line.								etween			
	IMMEDIATE CAUSE (Final disease or condition	1	1500	7	RIT	200					Onset an	Death
	resulting in death)	a. Due to	OR AS A CONSEQ	HENCE O	100	1757						
_		use ron	on as a consec	WEMUE U	e):							
o l	Sequentially list conditions,	b	OR AS A CONSEO	LIENCE O	n.							
AT	if any, leading to immediata cause. Enter UNDERLYING				. ,-						i	
유	CAUSE (Disease or Injury											
-	that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
RTI		DUE TO	OH AS A CONSEQ									
CERTIFICATION	that initiated events resulting in death) LAST	d										
	that initiated events	d		esulting	In the under	lyling cause giver	n In Pa			246.	WERE AUTOPSY F	
	that initiated events resulting in death) LAST	d		esulting	In the under	ylng cause give	n In Pa	PERFOR	MED?	24b.	AMILABLE PRIOR COMPLETION OF	TO
DICAL	that initiated events resulting in death) LAST	d		esulting	In the under	ying cause give	n In Pa		MED?	246.	AMILABLE PRIOR COMPLETION OF OF DEATH?	TO
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OCT 28 1992

Jana Davidson-Handall

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	attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
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admies u	certificate has been signed by the attending	h the State Dept. of Health and Mental Hygiene prior to burial, cremati	d or Hom 23 shows any injury or other fraumatic avent the medical eventues must be notified at once
PLITSICIAN: The law requires to	has bee	e Dept. c	m 23 el
SICIAN.	certificati	the Stat	of ite
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AI IEND	ECTOR: A	within 72 hours after dea	n 28 le
5	AL DIR	72 hour	of Barn
	100	within ?	TAME

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF I		MENTAL HYGI	ENE	2 29995		
	1. DECEDENT'S NAME (First, Middle, Leat) Anabelle	Toor ANN	ABELLE	TOOR		2. DATE OF DEATH		SEAR OLOO M		
	4. SOCIAL SECURITY NUMBER 212-36-6717	(NRS.	IF UNDER 1 YEAR	21			BIRTHPLACE (State or Foreign MARYLAND)			
OR	9a. FACILITY NAME (W not institution, give st SINAI HOSPITAL		96. CITY, TOWN BAL	TIMORE	EATH	9c. COUNTY	r OF DEATH			
DIRECTOR	10a. STATE 10b. COUNTY	BALTIMORE	10c. CITY,	TOWN OR LOCA	L'IMORE			10d. INSIDE CITY LIMITS? 1 YES 2 THO		
FUNERAL	100. STREET AND NUMBER 2 RUSSERN CT.	, APT. T-3		107. ZIP CODE 21215				10g. CITIZEN OF WHAT COUNTRY? USA		
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:						I. RACE — American Indian, Black, White, etc. Specify: WHITE				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE AT HOME						TRY				
17. FATHER'S NAME (First, Middle, Last) ABRAHAM GOLDBERG 18. MCTHER'S NAME (First, Middle, Last) ABRAHAM GOLDBERG										
19a. INFORMANT'S NAME (Typos/Print) PMR IRWIN TOOR 19b. MAILING ADDRESS STOOD and Number of First Parties Number of First Par						215				
	203/ METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	zval from State 20b. PLAC comptent	REW YO	F DISPOSITION (NE	me of	DATE 200.	LOCATION — CH BALTIM	y or Yown, State 10RE, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICE VICTOR LICENSER VICTOR LICENSER L	ingrand		SOL		N & BROS		WD 01015		
	IMMEDIATE CAUSE (Final disease or condition	omplications that caused the List only one cause on each if	death. Do no	ot enter the mo	de of dying, suc	ch as cardiac or re	spiratory arres	Approximate interval Between Onset and Death		
_	resulting in death)	DUE TO (OR AS A CONS	BEQUENCE OF)	:				7 3 193		
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	SEQUENCE OF)	:						
ERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR AS A CONS	SEDUENCE OF)	:						
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions	contributing to deeth but no	t resulting In	the underlying	g cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C)	neck only one)				
HYSE	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 28s. DATE DF INJURY				8 Other (Specify) 28d. DESCRIBE HO	W IN HIP COOL	250		
ВУ РІ	Natural 5 Pending investigation	(Month, Day, Year)	ULMI	M 1 .	RK? /ES 2 NO					
ETED	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At building, etc. (Specify)	nome, rarm, sti	reet, factory, offic		28f. LOCATION (Str. City or Town, St	et and Number or ate)	Rural Route Number,		
COMPLET		CIAN: To the best of my knowledge, R: On the basis of examination end/								
BE	29b. SIGNATURE AND TITLE OF CERTIFIED	139	_M,	D	29c. LICENSE NUI	MBER 4997	29d. DATE S	HGNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (I			3/ [2 1tom	~ MD			

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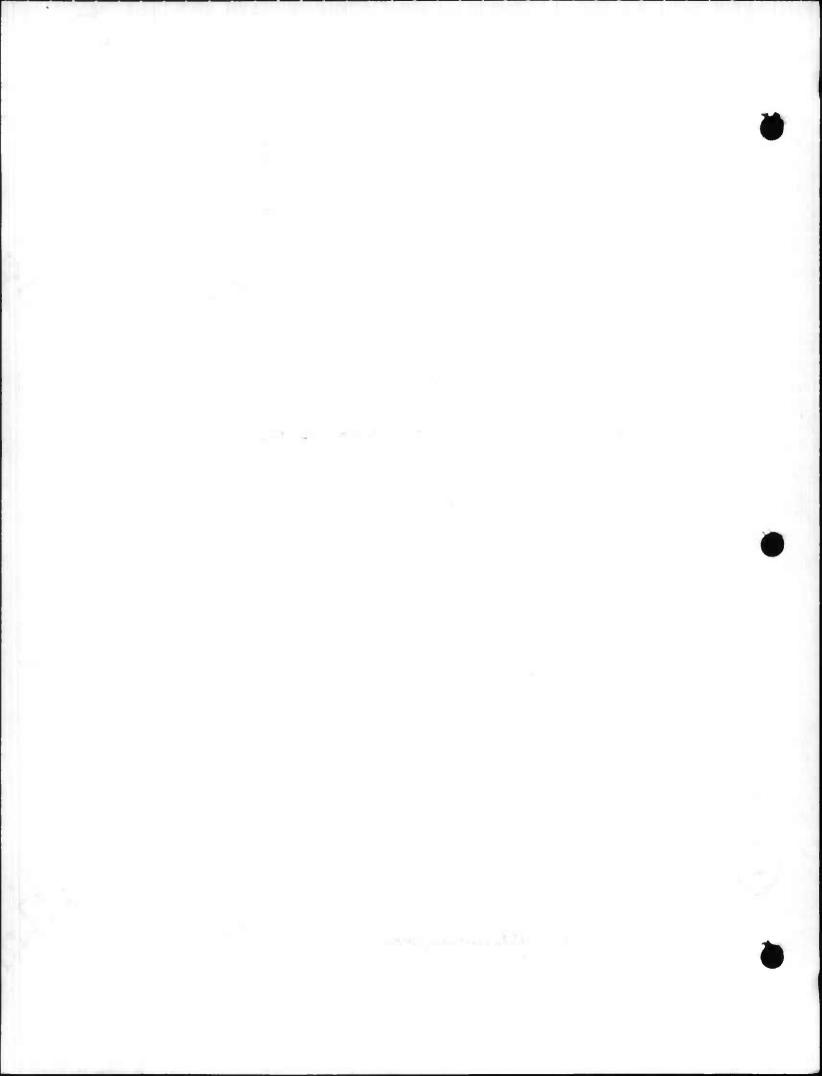
1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	į.	1. DECEDENT'S NAME (First		•							2. DATE OF P 4TH		YEAR	3. TIME OF DEATH
			sabel	le L.	Verzi					10		92	1:19 A. M	
		4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	R 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
모		214-01-3364		1 🗆 M. Ž 🖰 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	3/30/16 Marylan			
pinous	[]	9e. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									EATH			
2, 3	P	Fallston General Hospital Fallston Harford								l				
des 1,	DIRECTOR	10e. STATE	10b. COUNT	γ		10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY	
8		Marvland		Balto.		Freeland							LIMITS?	
020 physician. burlal-transit permit. Pages	¥	100. STREET AND NUMBER							H. ZIP COO	E		10g. CI	TIZEN OF W	WHAT COUNTRY?
an. ransit	FUNERAL	19500 Spoo	ks Hi			21053			53	U.S		U.S.	Α.	
20 rysłcie	필	11, MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDE! FORCES?	1 YES 2 NO If yes, specify Cube				IIC ORIGIN? (Specify n, Puerto Rican, etc.)		14, RACE Black	— American Indian, t, White, etc.		
0 5 8	à	3 Widowed 4 Divo		IF YES, GIVE	MAR OR DATES				S 2 NO				Speci	ly:
215- attendi	ETED		EDENT'S EDU		16a.	DECEDENT	USUAL O	CCUPATI	ION		16b. KIND OF	BUSINESS/IN		nite
2121 al or attu	E,	(Specify only Elementary/Secondary (6	y highest grade 1-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during me	ost of working	ng .	100000000000000000000000000000000000000			4
AND the hospital detached	COMPL	7				Home	Make	r				Own H	lome	
the host detach	8	17. FATHER'S NAME (First, M	iddle, Last)			(*,**.*********************************			16. MOT	HER'S NA	ME (First, Middle, Maiden Surname)			
RYL ed by t	BE			W. Amos	_						Leary			
MA retain 5 sho	2	19e. INFORMANT'S NAME (7			1						Route Number, City or			
		Charles I		ly, Jr.	205 01 40	2414 E AND DATE	Men	ewob	ide	Ct.	Monkto	LOCATION -	id.	21111
OR May ector, p	- 4	1 Burial 2 Crematic	n 3 🗆 Rem	ovel from State	cemetery,	crematory or	other place)			2	1			16.1
Page al dire	- 8	21. SIGNATURE OF FUNERA		CENSEE	Duran	<u>ev va</u>	22.	NAME A	NO ADDRE	SS OF FA	10/29/92			. 21204
BALTIMORE, oours after death. Page 6 may be d in by the funeral director, page or removal.		> Knaly	160	Schooler	La		Ru	ck I	owso	n Fu	neral Hom			. 21204
E 36 3		23. PART f. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.												
		IMMEDIATE CAUSE (FIR					2	2						interval Between Onset and Death
		disease or condition — a. CARDIO - Pulmonary and Destrict and Destric												
P 6 7 6				DUE TO	OF AS A CONS	BEQUENCE (OF):			7				
68 and and burn	NO.	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Discourse of India)												
BOX ficate be e physician ne prior to	ZAT	cause. Enter UnDERLYING CAUSE (Disease or injury												
P.O. B(h certificate anding physical Hygiene pri or other th	RTIF	that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
0. 6 5 0	CER	d.												
L 6 - E		PART II. Other aignifica	nt condition	a contributing to	death but no	t resulting	in the u	ndertyin	g cause	given in	Part i. 24a. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
CORC signed by the Health and ws any in	AEDICAL	Series	e C	erono	y	au	tery	- 1	200	la		ORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
111 3 " - 21	MEC	Coron	x 0	return	63	47	ers	-	X	2		45		1 VES 2 NO
S Dee	ž	anstab	DC C	engen	~, /	4x	1	Mi	Z,					
N: The law requested has been state Dept. of Item 23 sho	SICIAN	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only one)			
> 1 E = 5	YSI	1 WES 2 NO			ER/Outpatient	3 🗆 DOA	4 Nur		ne 5 🗆 Re	reldence	6 Other (Specify)			
NO OF NO PHYSIC that this ca sath with 8 marked,	РНУ	27. MANNER OF DEATH	Pending	28e. DATE Of (Month, E		28b, TII	JURY	WC	JURY AT ORK?	500	28d. DESCRIBE HO	W INJURY OC	CURED	
ON Affer death	BY	2 Accident	Investigation	28a PLACE (OF INJURY — At	home form	etmat to		YES 2	NO	204 1 2047:00: 40			
DIVISION DERCTOR After Hours after death Hem 28 is mar	ETED		Could not be determined	building	etc. (Specify)	rionie, ienii,	street, rac	tory, offic			281. LOCATION (Stree City or Town, Str	et and Numbe He)	er or Hural R	oute Number,
A STATE OF THE PARTY OF THE PAR	7	29s. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	f my knowledge,	death occur	red at the t	lime, date	and place	, and due	to the cause(s) and r	nanner as sta	rted.	
	COMPL) and manner as stated.
T L	w	250- SHANAPURE AND TITLE	OF CERTIFIED	- 04	5				29c, LICI	ENSE NUN	IBER	29d, DA	TE SIGNEO	(Month, Day, Year)
PAN	0	Jour	20	rew	/				D	22	627	•	10/	26/92.
and the state of t	-	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CAU	SE OF DEATH (IT	TEM 27) (Type	e, Print)					·		
		Frank S	anzar			Pape		l Rd	l.]	Phoe	nix , Md.			
	1	OUT Z	71992	Time to	R'S SIGNATURE	andelle	•							1





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DIVISION OF VITAL RECORDS, P.O. BOX 68760	TENDING DAYSICIAN: The law requires that the death certificate he executed will
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4. SOCIAL SECURITY NUMBER 820-01-5694 9a. FACILITY NAME (II not institution, gi DULANEY TOWSON RESIDENCE OF DECEDENT 10a. STATE 10b. COL MD 10b. STREET AND NUMBER 3926 CLARINTH 11. MARITAL STATUS 1 Never Merried 2 Married 11. Never Merried 2 Married 12. Specity only highest gi Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Lest) MEYER KOPELNIC	I D M 2 D F We street and number) N NURSING HO INTY RD. 12. WAS DECEDENT FORCES? 1 D IF YES, GIVE WAI	EVER IN U.S. ARI YES 2 MI R OR DATES	birthdey) YRS. 10c. CIT	96. CITY, Y, TOWN OF BALTI	TOWN O	F UNDER 24 HRS. HOURS MIN. DR LOCATION OF DR TO TION E 2121 ENDENT OF HISPAIR	OWSON	1907 9c. COUNT BALT	Country) ITY OF DEA IMORI	
820-01-5694 9a. FACILITY NAME (II not Institution, gi DULANEY TOWSON RESIDENCE OF DECEDENT 10a. STATE 10b. COL MD 10a. STREET AND NUMBER 3926 CLARINTH 11. MARITAL STATUS 1 Never Merried 2 Married SYA Widowed 4 Divorced 15. DECEDENT'S (Specify only highest gi Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	I D M 2 M F We street and number) N NURSING HO INTY RD. 12. WAS DECEDENT FORCES? 1 I IF YES, GIVE WAI EDUCATION rade completed)	EVER IN U.S. ARI YES 2 THE R OR DATES	YRS.	9b. CITY, Y, TOWN OF BALTI	TOWN OF LOCAT MOR	PR LOCATION OF DR TO TION E ZIP CODE 2121 ENDENT OF HISPAI	MAY 20, MAY 20	1907 9c. COUNT BALT	Country) ITY OF DEAL IMORI III III III III III III I	MARYLAND TH E Dd. INSIDE CITY LIMITS? [XXes 2 NO
DULANEY TOWSON RESIDENCE OF DECEDENT 10a. STATE MD 10b. COL MD 10c. STREET AND NUMBER 3926 CLARINTH 11. MARITAL STATUS 1 Never Married 2 Married SE Widowed 4 Divorced 15. DECEDENT'S (Specify only highest property only highest property only highest property (0-12) 17. FATHER'S NAME (First, Middle, Lest)	N NURSING HO	EVER IN U.S. ARI YES 2 MI R OR DATES	MED	Y, TOWN OF BALTI	MOR 101.	TION E . ZIP CODE 2121 ENDENT OF HISPAI	ath OWSON 5	9c. COUNT BALT 10g. CITIZ U	IMORE 10 1 1 EN OF WHA	Dd. INSIDE CITY LIMITS? [XXES 2 \(\) NO
PRESIDENCE OF DECEDENT 10a. STATE 10b. COL MD 10a. STREET AND NUMBER 3926 CLARINTH 11. MARITAL STATUS 1 Never Merried 2 Married 1 Divorced 15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)	RD. 12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI EDUCATION rade completed)	EVER IN U.S. ARI YES 2 MI R OR DATES	MED	BALTI	MOR 101.	E ZIP CODE 2121	5	10g. CITIZ	10 1 EN OF WHA	od, INSIDE CITY LIMITS?
MD 10e. STREET AND NUMBER 3926 CLARINTH 11. MARITAL STATUS 1 Never Married 2 Married 22. Widowed 4 Divorced 15. DECEDENT'S (Specify only highest of the property of the property (0-12) 1 2 1 2 1 2 1 7. FATHER'S NAME (First, Middle, Lest)	RD. 12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI EDUCATION rade completed)	R OR DATES	MED	BALTI	MOR 101.	E ZIP CODE 2121		U	1 EN OF WHA	LIMITS?
3926 CLARINTH 11. MARITAL STATUS 1 Never Merried 2 Married 14. Widowed 4 Divorced 15. DECEDENT'S I (Specilly only highest p. Elementary/Sepondary (0-12) 17. FATHER'S NAME (First, Middle, Lest)	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI DEDUCATION made completed)	R OR DATES		H	AS DEC	2121 ENDENT OF HISPAI		U		AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 2 Married 15. DECEDENT'S (Specify only highest gr Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI DEDUCATION made completed)	R OR DATES		H	yes, spe	ENDENT OF HISPAN			SA	
Widowed 4 Divorced 15. DECEDENT'S (Specify only highest gr Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	IF YES, GIVE WAI	R OR DATES		ï	YES		n, Puerto Rican, etc.)	fes or No—	I4. RACE -	- American Indian, Vhite, etc.
(Specily only highest g	rade completed)	(Gh	PEDENTY			2 NO Specifi				WHITE
17. FATHER'S NAME (First, Middle, Last)		19700.	ve kind of a Do NOT us	USUAL OCI work done di se retired.)	CUPATIO	ON st of working	166. KIND OF B	USINESS/INDU	STRY	
		PRO	OPRI	ETOR			AUTO	MOTIVE		
							ME (First, Middle, Maidle SCHWAR!			
19a. INFORMANT'S NAME (Type/Print)		196.	MAILING	ADDRESS	(Street a	ind Number or Rural i	Route Number, City or To	own, State, Zip (Code)	
MRS PHYLLIS CA										
	lamoval from State									, State
	UCENSEE A									
1 Vinta 7				5	OL 1	LEVINSON	& BROS.,	INC.		
23. PART I. Enter the diseases,	or complications that	caused the dea	ıth. Do r	not enter t	6010	O RETSTE	RSTOWN RD	BALTY) ME	21215
shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition	re. List only one cause	e on each line.							• (,	Interval Between Onset and Death
resulting in death)	a. DUE TO (C	OR AS A CONSEQ	UENCE OI	F):	NO C	Leven	That L	1		
Sequentially list conditions, if any, leading to immediate	b	OR AS A CONSECU	UENCE OF	F):				/		
CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. DUE TO (C	DR AS A CONSECU	UENCE O	F):						
	d							-		<u> </u>
PART II. Other algnificent condit	tiona contributing to d	eath but not re	eaulting i	in the und	lerlyling	g ceuse given in			A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
14.00/08/00							1 YES	2 NO		OMPLETION OF CAUSE F DEATH?
11/17							-		1	YES 2 NO
						ACE OF DEATH (Ch	eck only one)			
1 TES 2 NO	1 Inpatient 2 E		□ DOA			e 5 🗆 Residence	6 Other (Specify)			
1 Natural 5 Pending	(Month, Day,				WO	RK?	28d. DESCRIBE HOW	V INJURY OCCI	JREO	
3 Suicide 6 Could not	building, et	INJURY — At hon c. (Specify)	ne, ferm, e	Street, factor	ry, office				r Aurel Aou	te Number,
(Check only										WE-175-1977-1
		and/of if		л, ш ту ор	wwon, de					H MAN ARREST
7 CON CERTI	40					ZBC. LICENSE NUM	ABER 27	1 1	1011	onth, Day, Year)
	## ABOUND OF DISPOSITION ### Burlat 2 Cremation 3 R ## Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE ### Line of the foliation of	## PART II. Other algnificent conditions contributing to describing in death) ## PART II. Other algnificent conditions contributing to describe the second contributing to describe the second contributing to describe the second conditions are selected by the second contributing to describe the second contribution contributing to describe the second contribution contributing to describe the second contribution contributing to describe the second contribution c	20b. PLACE A Longition of Cremation of Ramoval from State Cometers per Commete	### Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in death) LAST ### DUE TO (OR AS A CONSEQUENCE Of the cause or injury that Initisted events resulting in death) LAST ### PART II. Other algnificent conditions contributing to death but not resulting investigation investigation investigation investigation and investigation investigation and investigation and investigation and investigation are contributed as a consequence of the cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST #### PART II. Other algnificent conditions contributing to death but not resulting investigation investigation and investigation and investigation and investigation are contributed as contributing to death but not resulting investigation are contributed as contributing to death but not resulting investigation are contributed as contributing to death but not resulting investigation are contributed as contributing to death but not resulting investigation are contributed as contributing to death but not resulting investigation are contributed as contributing to death but not resulting investigation are contributed as contributing to death but not resulting investigation are contributed as contributing to death but not resulting investigation are contributed as contributing to death but not resulting investigation are contributed as contributed as contributing to death but not resulting investigation are contributed as contribut	Bey METHOD OF DISPOSITION A Burlet 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSIC consert Typer Name of Disposic consert Typer Name	## Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying LEXAMINER OF OEATH	## Dentition of Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of comognition) 21 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of comognition) 21 Comognition 0 Other (Specify) 10-26-26-26-26-26-26-26-26-26-26-26-26-26-	## PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. Out To (OR AS A CONSEQUENCE OF):	### PART II. Other algnificent conditions are suiting in death) LAST DATE TO (OR AS A CONSEQUENCE OF): DUE	## ADDITION OF DISPOSITION DATE 20. LOCATION - City or Town, Committed Date 20. LOCATION - City or Town, Committed Date 20. LOCATION - City or Town, Committed Date 20. LOCATION - City or Town, Committed Date 20. LOCATION - City or Town, Committed Date 20. LOCATION - City or Town, Committed Date 20. LOCATION - City or Town, Committed Date 20. LOCATION - City or Town, Committed Date 20. LOCATION - City or Town, Committed Date 20. LOCATION - City or Town, Committed Date 20. LOCATION - City or Town, Committed Date Date 20. LOCATION - City or Town, Committed Date Dat

Northen

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

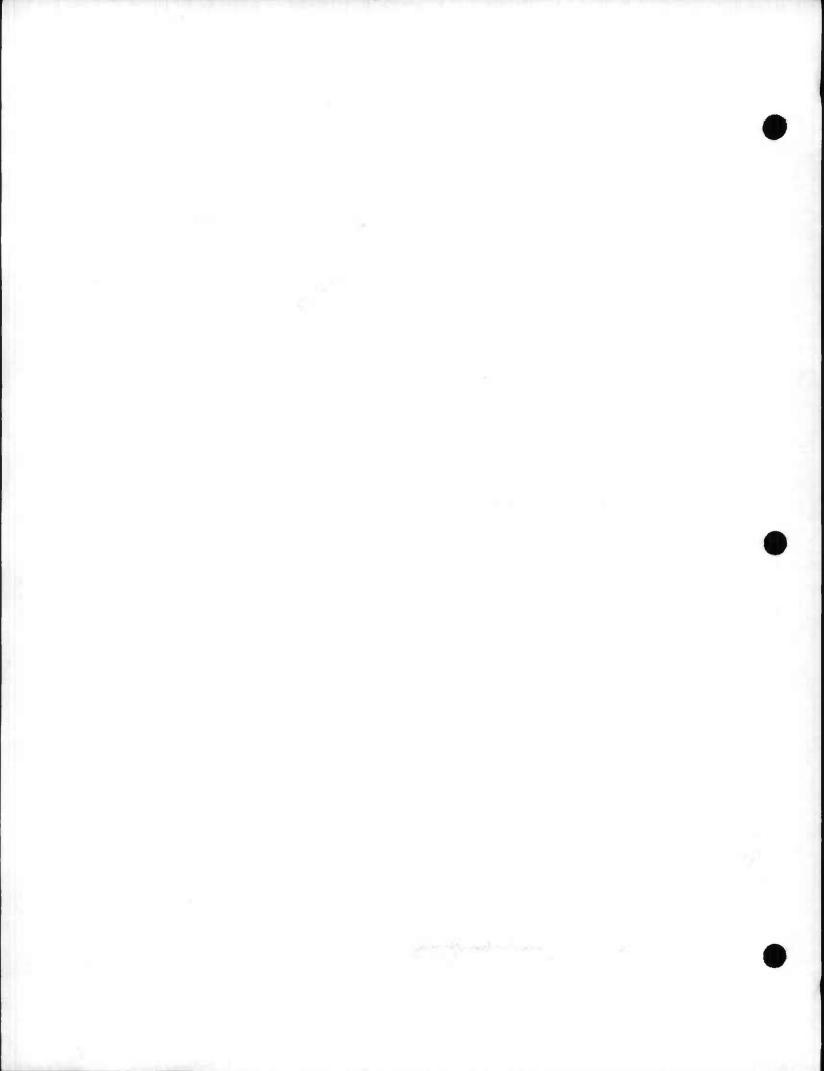
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Julia Davidson-Anglass

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31. Date FILED (Month, Day, Year)
OCT 28 1992

Baltmore MD 21210



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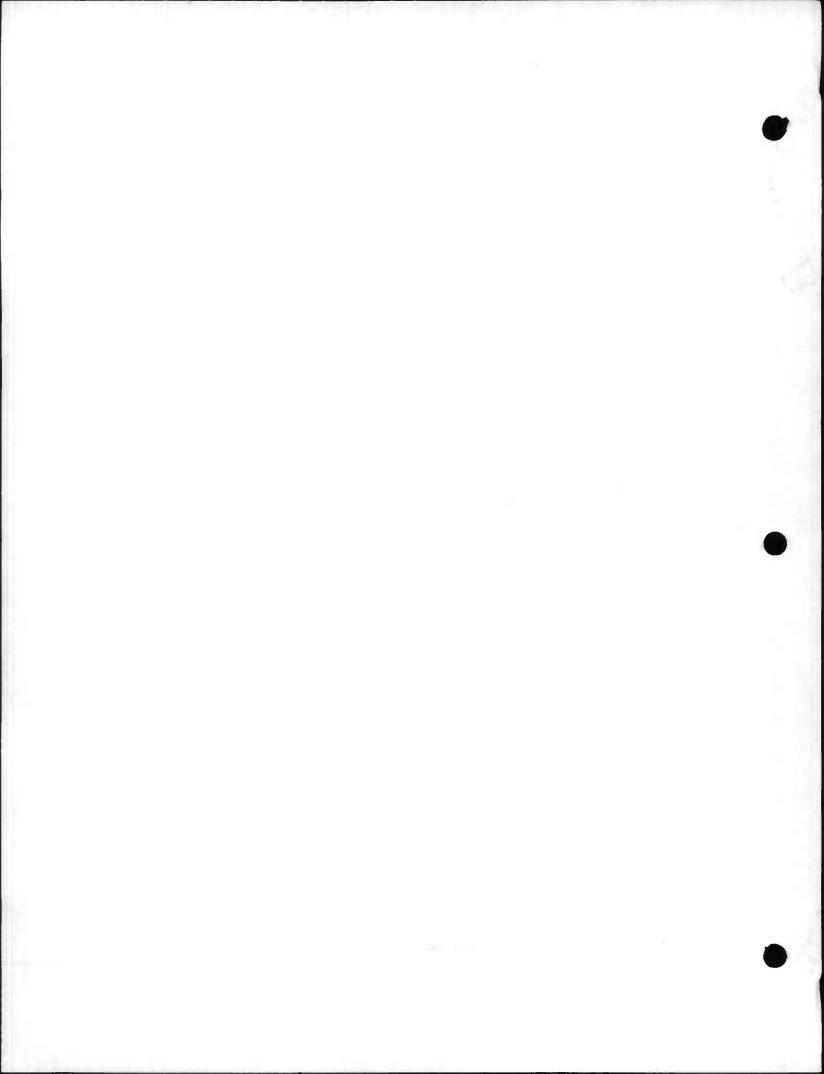
		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEI		
	l.	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY C	VARGO DO		arrie Va		2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
-		4. SOCIAL SECURITY NUMBER 222-07-5512	5. SEX 6. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTNPLACE (State or Foreign Country)
2, 3 should	OR	9a. FACILITY NAME (II not Institution, give Harbor Hospital	street and number)			timore		9c. COUNTY	OF DEATH
Pages 1,	DIRECTO	10a. STATE 10b. COUNT	Y	10c. CIT	ry, TOWN OR LOCA Balti				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
n. ansit permit.	VERAL	1304 Anglesea S	treet		. 10	2/224		U.S.	A OF WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2 NO Special	NIC ORIGIN? (Specify Vi an, Puerto Rican, etc.) ly:	ies or No 14	RACE — American Indian, Black, White, etc. Specify: White
D 21 spital or ed for u	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u House		ON set of working	16b. KIND OF BE	USINESS/INDUS	TRY
by the	E COMPL	17. FATHER'S NAME (First, Middle, Last) Scott W. Rees 18. MOTNER'S NAME (First, Middle, Maiden Surram Carrie							
be retained ge 5 should e notified	TO BI	19a. INFORMANT'S NAME (Type/Print) Allen S. Vargo			Kenton	and Number or Rural	Route Number, City or To	wn, Stata, Zip Co	ide)
e 6 may rector, pa		20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	coval from State Cen		OF DISPOSITION (Na	ame of	OATE 20c. L	OCATION - CITY	1 11 1
SAL r death w fune al.		21. SIGNATURE OF FUNERAL SERVICE LI	D. Zerlen		Charl	es S. Ze	ciler & Soi	n Inc.	6224 Eastern Ave.
4 hours after the filled in by the filled in by the filled in the filled		IMMEDIATE CAUSE (Final	complications that caused List only one cause on e	the death. Do	not enter the mo	de of dying, suc	ch as cardiac or rea	piratory arrest	t, Approximata Interval Between Onset and Death
d within 2 mpletely f crematio		disease or condition resulting in death)	a. KPS DII	CONSEDUENCE O	3 Itn	res			amelity
OX 687 be executed ician and con rior to burial, traumatic e	ATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS A	CONSEQUENCE O	nelufi	00.	inglups	emi	20415
certificate nding phys Hygiene p	CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEDUENCE O	F):	Ulp	endury		50910
그 유 등 로	A	PART II. Other algorificant condition		1		g cause given in	Part I. 24a. WAS A PERFO	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
w requires that the been signed by the of Health and I shows any In	MEDIC	DIABER	5 Millin	usea	Pe .		1 TES	2 1 0	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
The law ite has beate Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:	2000 - 1/h	OTHER:	ACE OF DEATH (C)			
NG PHYSICIAN: The feer this certificate sath with the State marked, or Item		27. MANNER OF OEATH 1 Netural 5 Pending	1 Nonpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c. INJ		8 Other (Specify) 28d. OESCRIBE NOW	INJURY OCCUP	IEO
TTENDI TTENDI CTOR: A after do	ETED BY	2 Accident Investigation 3 Suicide a Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,			28f. LOCATION (Street City or Town, State	end Number or	Rural Route Number,
38	COMPLE		CIAN: To the best of my know						euse(a) and manner as stated,
TO TO TO THE POPULARY.	BE	296. HOMATURE AND TITLE OF CERTIFIE	المممما		~	29c LICENSE NU	MBER 343	29d. DATE S	1GNED (Month, Dly. Year) 0 26 97
	2	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED CAUSE OF DE		rhar He	Solnt	donler 3	2160	HANDVE ST
		31. DATE FILED (Month, Day, Year)	Whe Davidson Hay	AND THE PARTY NAMED IN COLUMN TO PARTY NAMED I					4)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	10 Int. PUNEMAL Unfactors, After this certaincate has been styling by the attendant prysician and complement lined in by the funeral otherwise, page 3 should be detached for use as the bunal-transit permit. Pages 1, 2,	be filed written / 2 nguis, and death with the state befor or health and wental hyderie prior to burdal, cremonal.	IMPORTANT: If I(ent. 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92 29999 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR EUGENE GLENVIL 10 92 6:35 WILSON PM 4. SOCIAL SECURITY NUMBER S SEY 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1943 1 🗔 M 2 🗌 F YRS. 215-40-5555 FEBRUARY WEST VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BON SECOUR HOSPITAL BALTIMORE 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 309 S. MOUNT STREET 21223 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES A 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ves or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married 1 TES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11TH GRADE OPERATIONS MANAGER SHAMROCK MAINTENANCE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM HAROLD WILSON DORA FRANCES STOTLER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 MRS. ELIZABETH WILSON 309 S. MOUNT STREET - BALTIMORE, MD. 21223 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE LOUDON PARK CEMETERY 10/30 BALTIMORE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. an 4107 WILKENS AVENUE-BALTIMORE, 23. PART I. Enter the diseases, or/complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition · Arteriosclerotic cardiovanular disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 YES 2 NO 1 DE YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | YER/Outpatient 3 | DOA OTHER: 1 X YES 2 NO 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, ste. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 X MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER
Words A Wright MD. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 10/26/92 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD G. WRIGHT, M.D. 111 Penn Street, Baltimore, Maryland 21201



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IN ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	INTECTOR After this certificate has been signed by the attending physician and complete
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	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										3. TIME OF DEATH			
	Baby Boy			BENSON WAGNER						10/119/92 DAY		TEM	12:18 am. m	
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. les					1		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
	infant		1 🔀 M 2 🗌 F	1 🔀 M 2 🗆 F 💮		YRS. MONTHS		YS HOURS MIN.		10/18/92		MD		
	9e. FACILITY NAME (If not institution, give street and number)				9b. CITY, T	CITY, TOWN OR LOCATION OF D		ON OF DE	ATH 9c. COU		OUNTY OF DEATH			
TOR	Franklin So	\Box	Baltimore					Baltimore						
DIRECTOR	MD 106. STATE Baltimore				Baltimore				1			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
M	10e. STREET AND NUMBER					101. ZIP CODE							WHAT COUNTRY?	
FUNERAL	9000 Franklin Square Drive					21237				U.S				
2	11. MARITAL STATUS 1 □ Never Merried 1 □ Never Merried 1 □ Never Merried					If yes, specify Cuben, Me				C ORIGIN? (Specify , Puerto Rican, etc.)	Yee or No-	14. RACI Biaci	E — Americen Indien, k, While, etc.	
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DA				ATES			1 TES 2 P NO Specify					Specify: White	
	15. DECEDENT'S EDUCATION 16a. DEC					EDENT'S USUAL OCCUPATION				18b. KIND OF BUSINESS/INDUSTRY			100	
COMPLETED	(Specify only highest grade completed) (Giv Elementary/Secondery (0-12) College (1-4 or 5 +)					ve kind of work done during most of working Do NOT use retired.)								
집	Infant	.,	infant					infant			-,-			
ON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S				HER'S NAM	AME (First, Middle, Meiden Surname)				
BE C	Jason Michael Wagner Laurie Lynn Benson													
TO B	196. INEORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SAME AS ABOVE													
	20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION 20e. PLACE OF DISPOSITION (Name of cemetery, cremetory or pulper place) 20e. LOCATION — City or Town, State 20e. LOCATION — City or Town, State 20e. LOCATION — City or Town, State 20e. LOCATION — City or Town, State 20e. LOCATION — City or Town, State 20e. LOCATION — City or Town, State													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF ACILITY													
Jeffrey f. Jair Espos Harrows e												P	PEKVILLE	
	23. PARTI. Enter the diseases or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line.													
	IMMEDIATE CAUSE (Final													
	disease or condition Prematurity a. Prematurity													
	DUE TO (OR AS A CONSEQUENCE OF):													
8	Sequentially list conditions, Due to (or as a consequence of):													
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING													
윤	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												+	
E	resulting in daeth) LAST													
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MEDICAL	PART II. Other algnificent conditione contributing to death but not re					seulting in the underlying couse give			given in i	Part I. 24s. WAS AN AUTOPS PERFORMED?		248	AWAILABLE PRIOR TO	
8										1 XX YES 2 □ NO			COMPLETION OF CAUSE OF DEATH?	
ME													XYES 2 NO	
ä														
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 28. PLACE OF DEATH (Check only one) THER:													
PHYSICIAN:	1 YES 2 X NO XXInpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)													
ВУ РН	27. MANNER OF DEATH XX Natural 5 Pending 2 Accident Investigation 28. DATE OF INJURY (Month, Day, Year) N/A					28b. TIME OF 28c. INJURY AT WORK? N/A M 1 YES 2 NO				28d. DESCRIBE HOW INJURY OCCURED				
				OF INJURY — At ho, etc. (Specify)	- At home, farm, street, factory, office				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
4	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) end menner ee stated.													
COMPLETED	(Check only 1 General Principles of the base of my knowledge, death occurred at the time, game and piace, end due to the ceuse(s) and menner se stated. 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the ceuse(s) and menner se stated.													
BE	296. SIGNITURE AND THE OF CERTIFIES				29c. LICENSE NU				309				(Month, Day, Year)	
5	Jose Gon:	Jose Gonzales, M.D. 9000 Franklin Square Drive Baltimore, MD 21237												
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE CT 2. 8 1997 Give Davidson Parisher														

